

Name
in
Full

Richard Baldwin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	White	Birth- place	Hatchbury Md.	
Married, Single or Widowed	Married	Occupation		Farming		
Name of Wife or Husband	Sophronia Jane Turby					
Father's Name	William Henry Baldwin					
Mother's Maiden Name	Jane Maria Macdonald					
Name of person giving Information	Miriam Baldwin 40					
Father's Birthplace Anne Arundel Co						
Mother's Birthplace Anne Arundel Co						
How related to deceased Daughter						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of Stomach

How long

Three months

Immediate

Heart failure

How long

Are the name, age, sex, color, date
and place correctly given above?

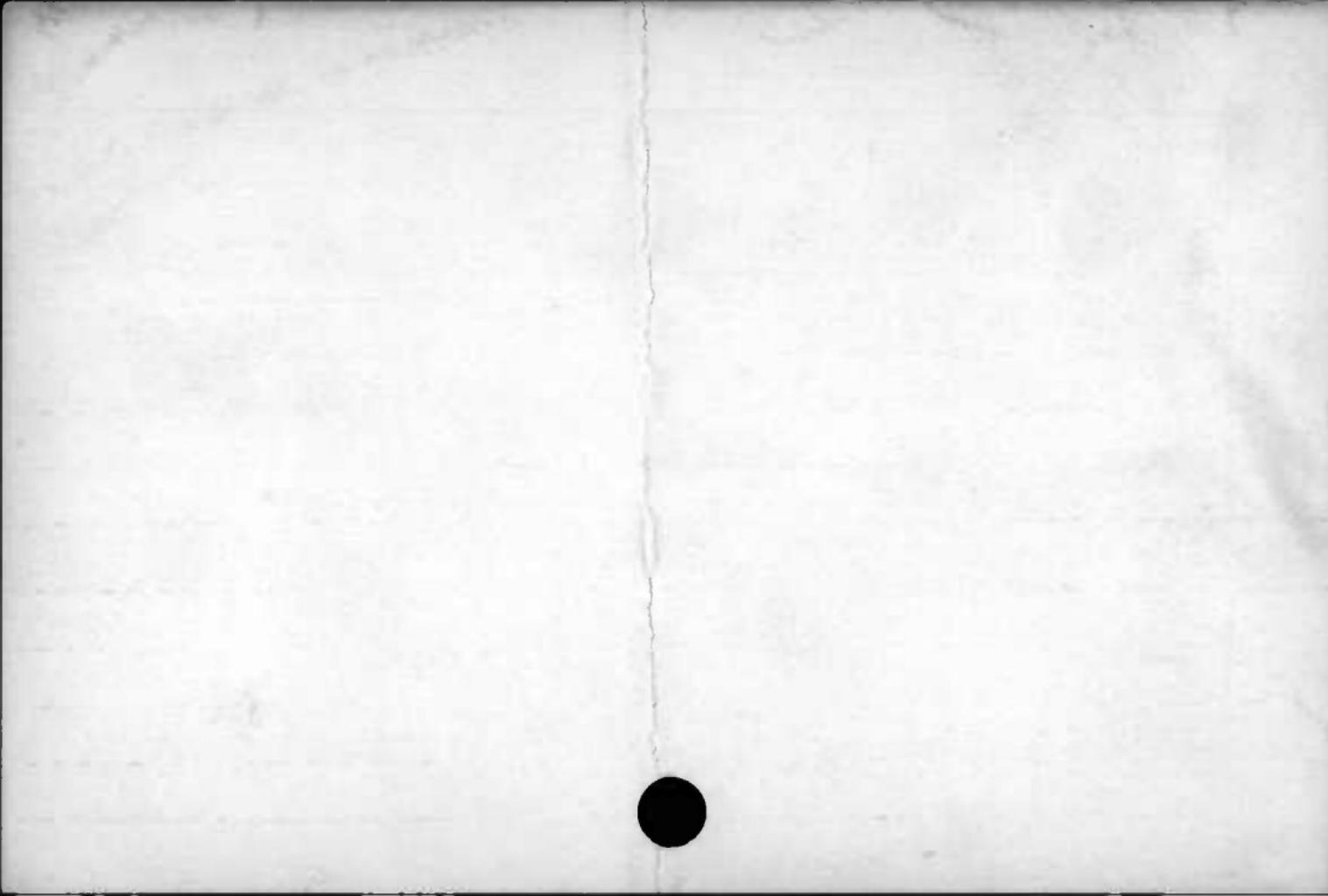
yes

Signature of
Physician

Address

A. Bryant M.D.
Millersville Md.

Accident or Suicide?



Name
in
Full

Maurice A. Bonia

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Died at	Annapolis		Anne Arundel Co			
Date of death	1903	Month February	Day 28	Years 38	Months 6	Days 26
Sex	Male	Color or Race	white	Occupation	Birth-place Newfoundland	
Married, Single or Widowed	single		Roman Catholic Clergyman			
Name of Wife or Husband						
Father's Name	Maurice Bonia			Father's Birthplace	Newfoundland	
Mother's Maiden Name				Mother's Birthplace	(C)	
Name of person giving information	Rev. Jos. A. Gantz C.S.C.R.			How related to deceased	Rector of St. Mary's Church	

CAUSES OF DEATH

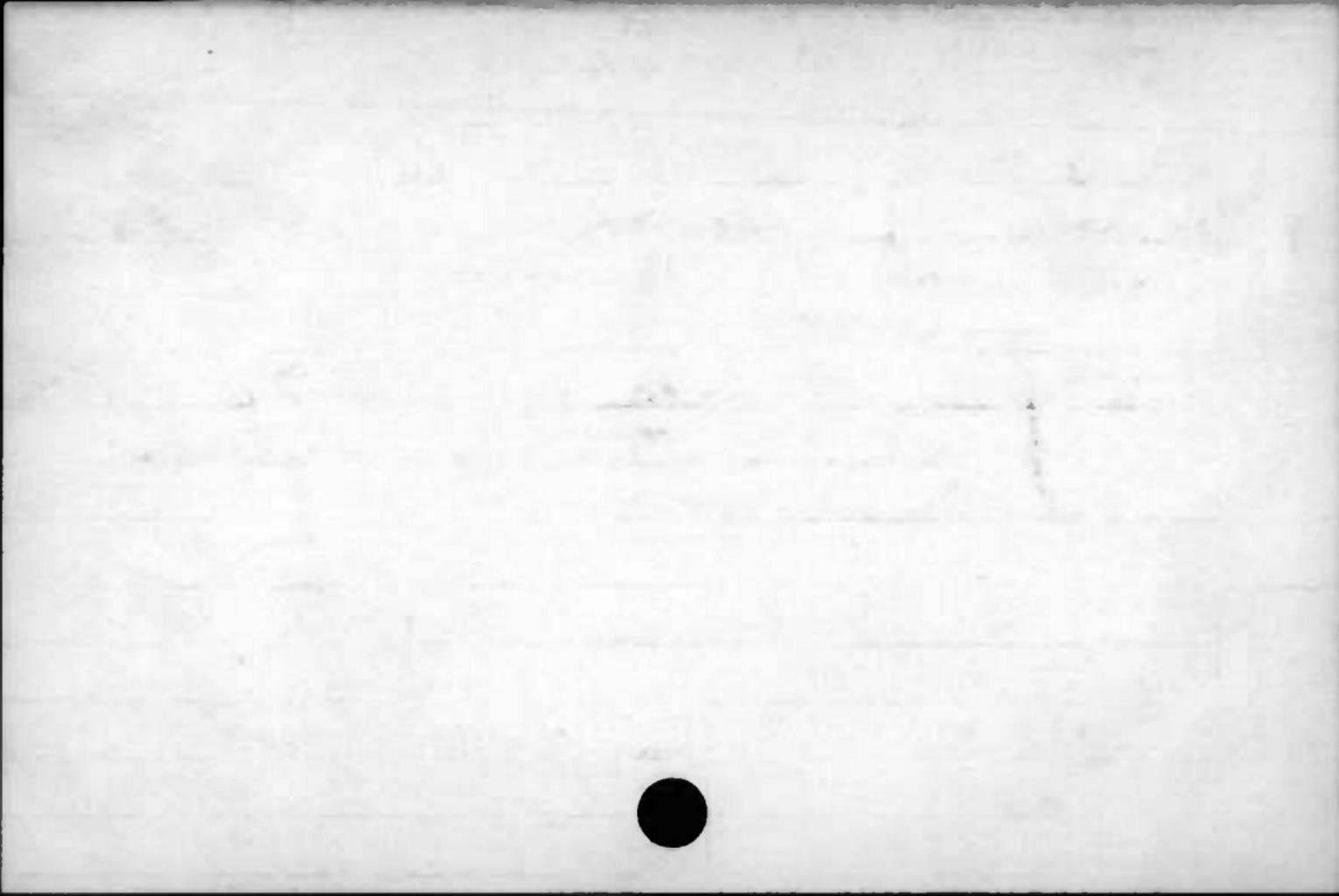
PHYSICIAN
OR CORONER

Primary	Pneumonia	q/s	How long	2 weeks
Immediate	Mitral insufficiency	-	How long	2 years
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	A. R. Hailey	

Address

Annapolis
Md.

Accident or Suicide?



Name
in
Full

Bowser

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 12 th	Age —	Months	Years	Days
Sex Male	Color or Race Colored	Birth-place Annapolis				
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name Dennis Bowser	Father's Birthplace Annapolis					
Mother's Maiden Name Sarah J Wootten	Mother's Birthplace Annapolis					
Name of person giving information Dennis Bowser	How related to deceased Father					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still-born ♀.

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

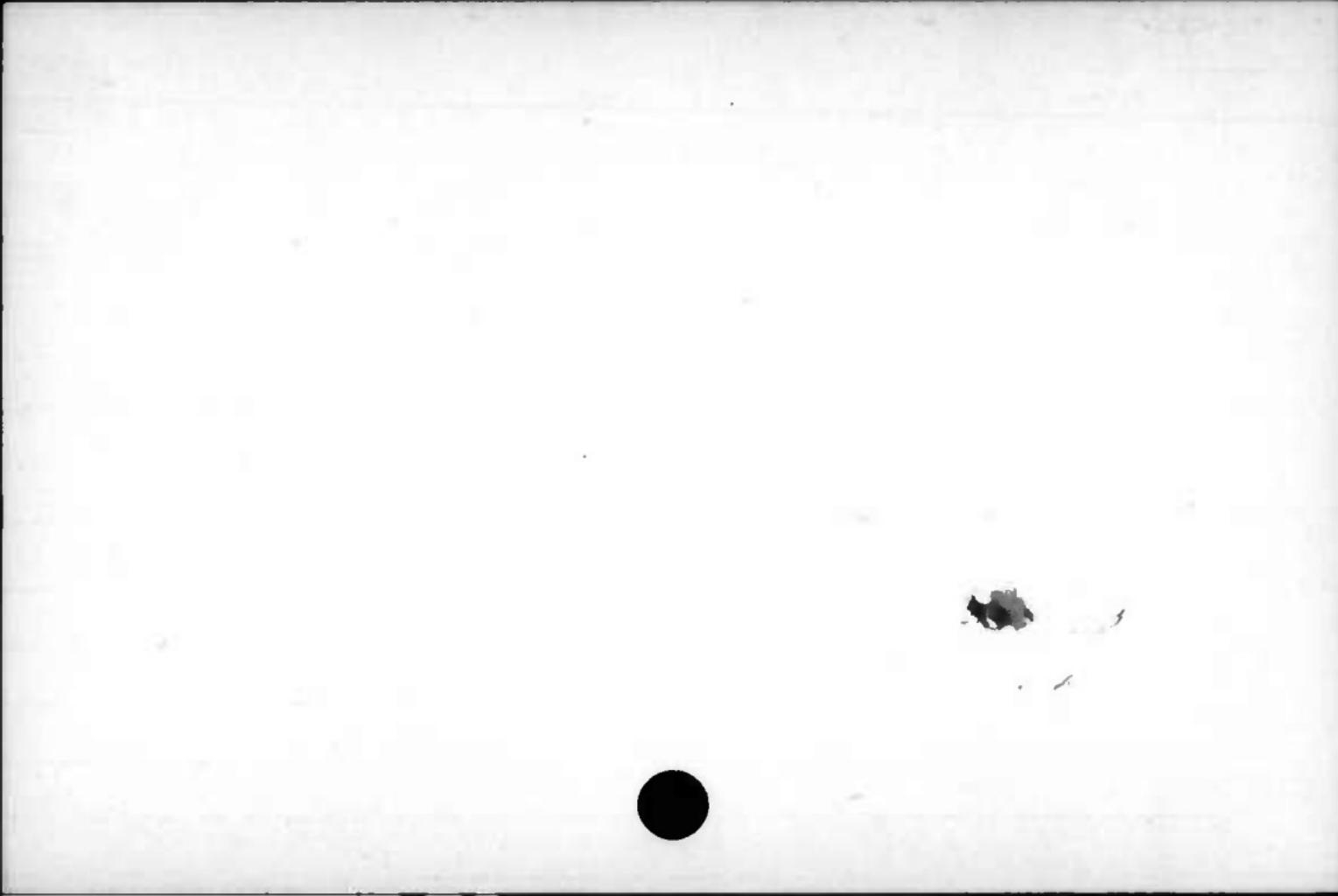
Susan Wright

Address

Midwife

Annapolis
Md

Accident or Suicide?



Name
in
Full

George Brown

CERTIFICATE OF DEATH

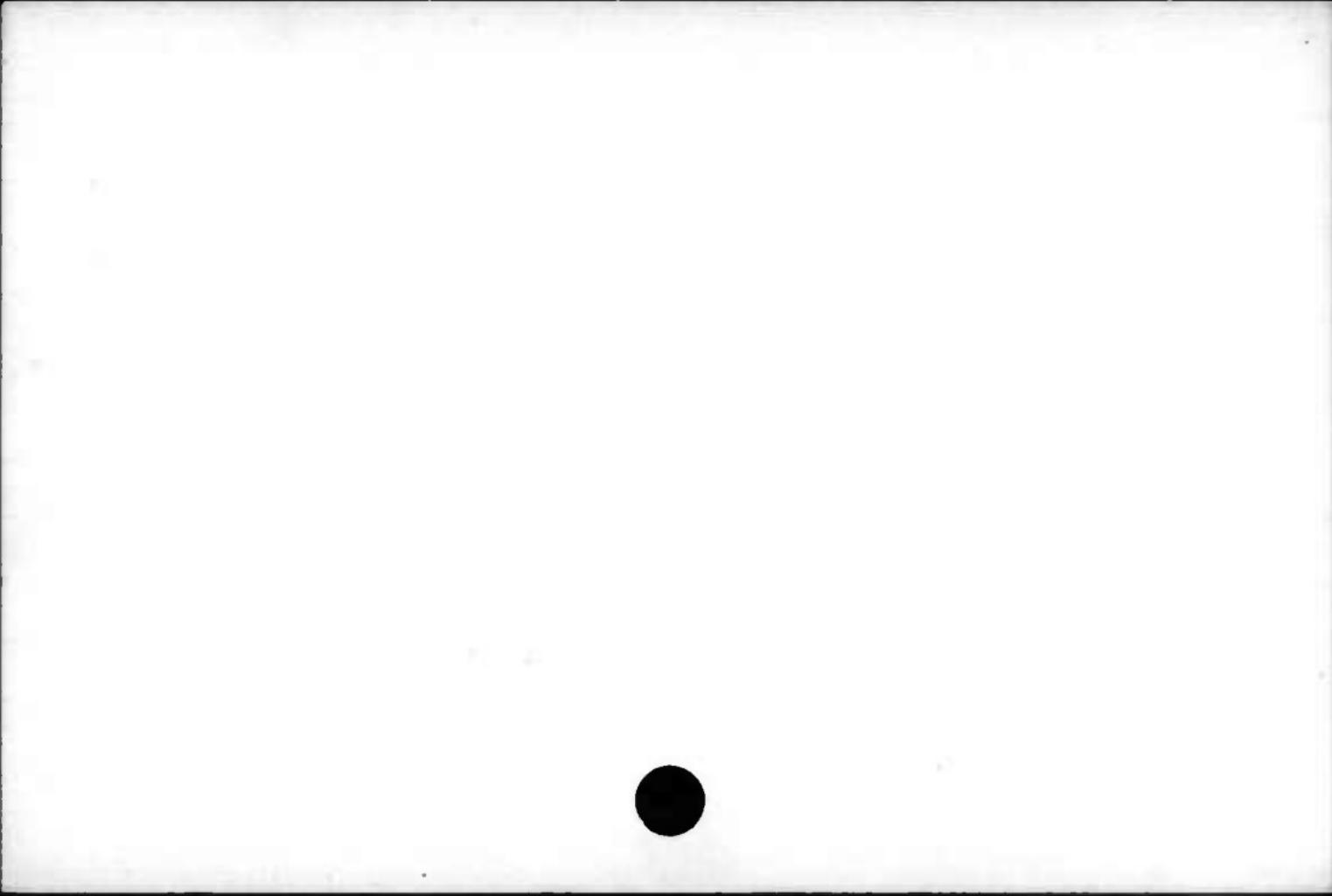
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Died at	Harewood	aa	
Date of death 1908	Month 2	Day 20	Years 2
Age	2	Months 1	Days 0
Sex	Male	Color or Race	Blacks
Married, Single or Widowed	—	Occupation	—
Name of Wife or Husband	—	Father's Birthplace	Harewood
Father's Name	George Brown	Mother's Birthplace	Harewood
Mother's Maiden Name	Rosie Mitchell	How related to deceased	None
Name of person giving information	John Parker		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchopneumonia	Age	How long
Immediate	—	—	2 months
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Henry Walter Pittman
Accident or Suicide?	Nothing	Address	West River Md



Name
in
Full

Chas. Calvert

CERTIFICATE OF DEATH

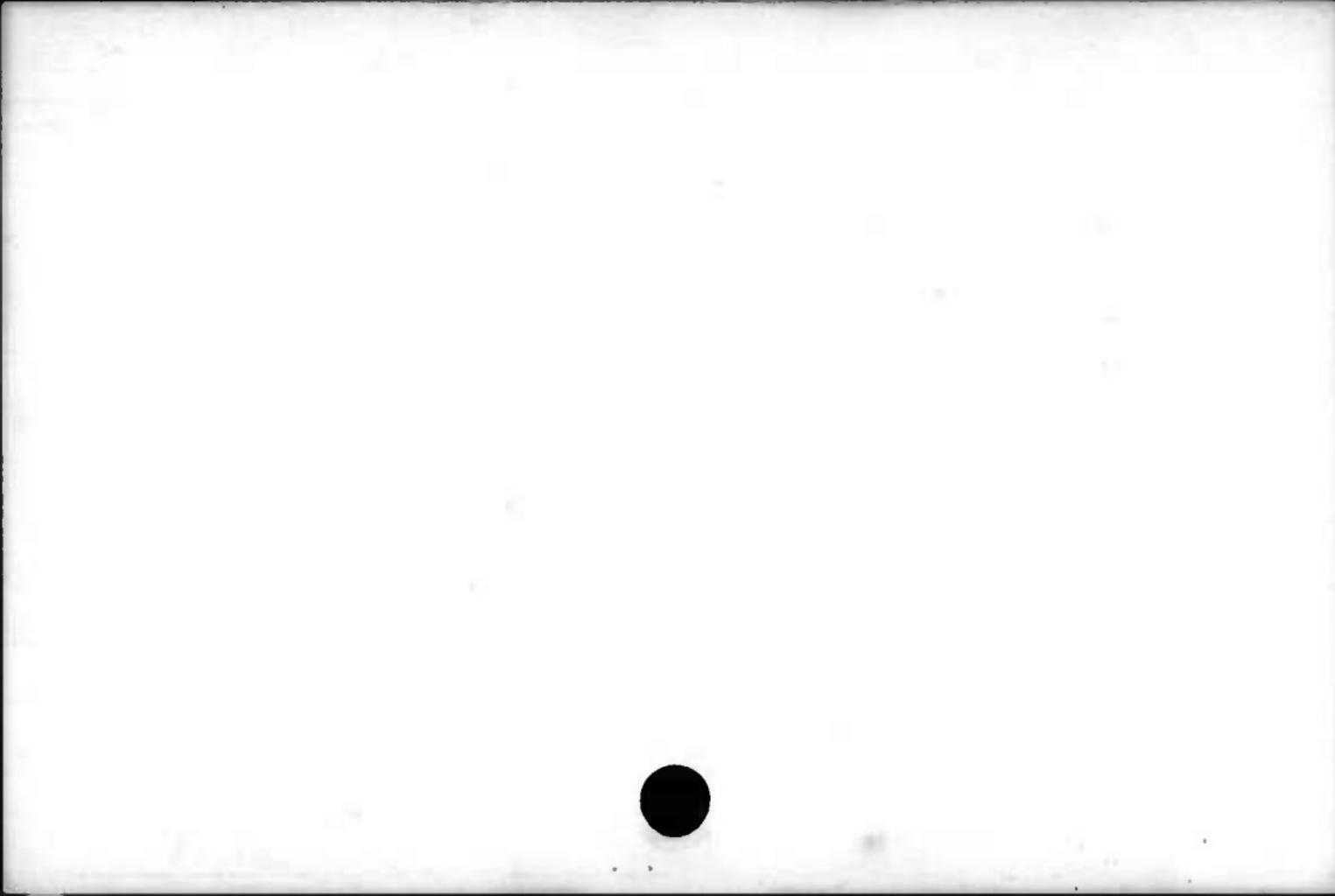
TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at Bayard	Month 2	Day 1	Years 70	Months 2	Days —	
Sex Male	Color or Race Black	Occupation Farmer	Birth-place Unknown			
Married, Single or Widowed Single						
Name of Wife or Husband						
Father's Name Unknown	Father's Birthplace					
Mother's Maiden Name Unknown	Mother's Birthplace					
Name of person giving information Joney O'Neal	How related to deceased Done					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia q3	How long 5 days
Immediate	Heart failure	How long —
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician Dr. W. H. Palmer, M.D.
		Address 100 West River Rd
Accident or Suicide?	2nd	



Name
in
Full

Ventillia Carter
Town Friendship County

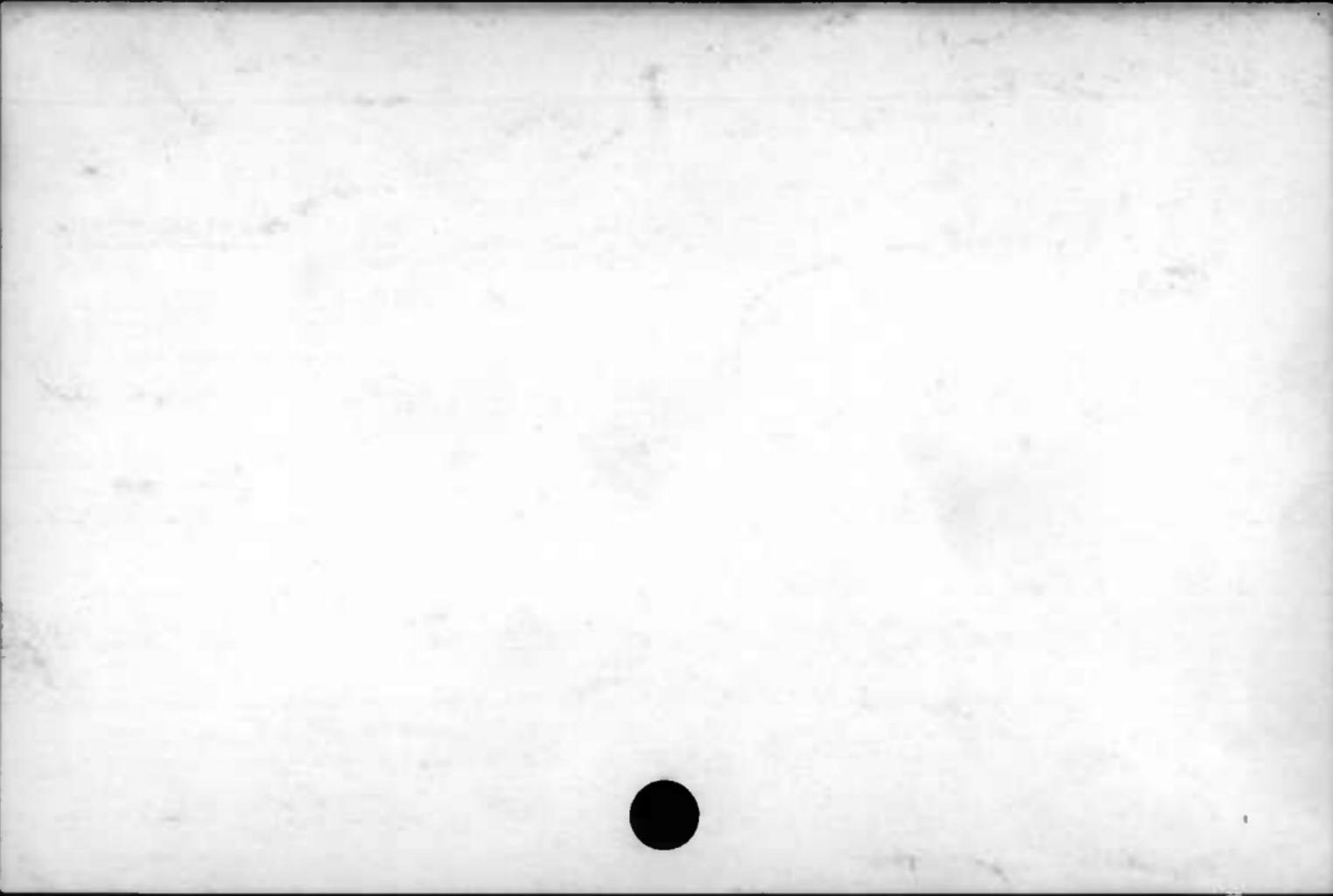
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Month	Day	Years	Months	Days
Date of death 1903	Feb	3rd	Age 3	3	
Sex Female	Color or Race	Colored	Occupation	Birth-place	Friendship
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Stephen A Carter			Father's Birthplace	Friendship
Mother's Maiden Name	Lucy Smothers			Mother's Birthplace	Calvert Co
Name of person giving information	Stephen A Carter			How related to deceased	Father

CAUSES OF DEATH

Primary	Double Pneumonia 93	How long	\$
Immediate	Convulsion and Convalescence	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J L Braysaw
		Address	Friendship Md
PHYSICIAN OR CORONER	Offis		
Accident or Suicide?			



Name
in
Full

Ella E. Clark

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Anne Arundel		MARYLAND
Date of death 1903	Month 2	Day 22	Years 33	Months — Days 4
Sex Female	Color or Race White	Birth-place Maryland		
Married, Single Divorced		Occupation		
Name of Wife or Husband				
Father's Name	William H. Clark		Father's Birthplace	Maryland
Mother's Maiden Name	Harriet Griffith		Mother's Birthplace	Maryland
Name of person giving information	Wm H. Clark		How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubercular Peritonitis

529

How long

3 weeks

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

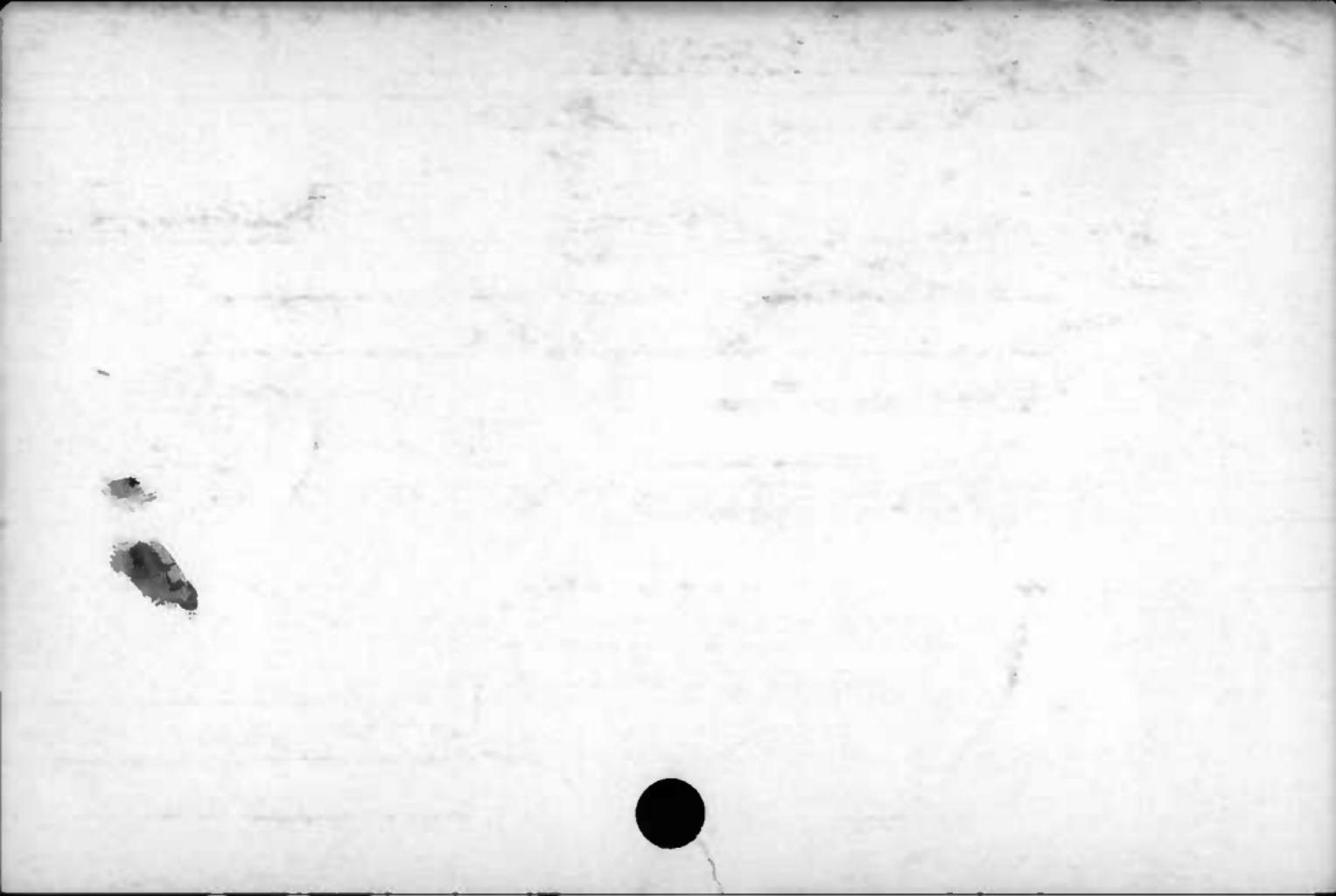
yes

Signature of
Physician:

Address

R. J. Hammond
Luray
Md.

Accident or Suicide?



Name
in
Full

Lizzie Concannon

CERTIFICATE OF DEATH

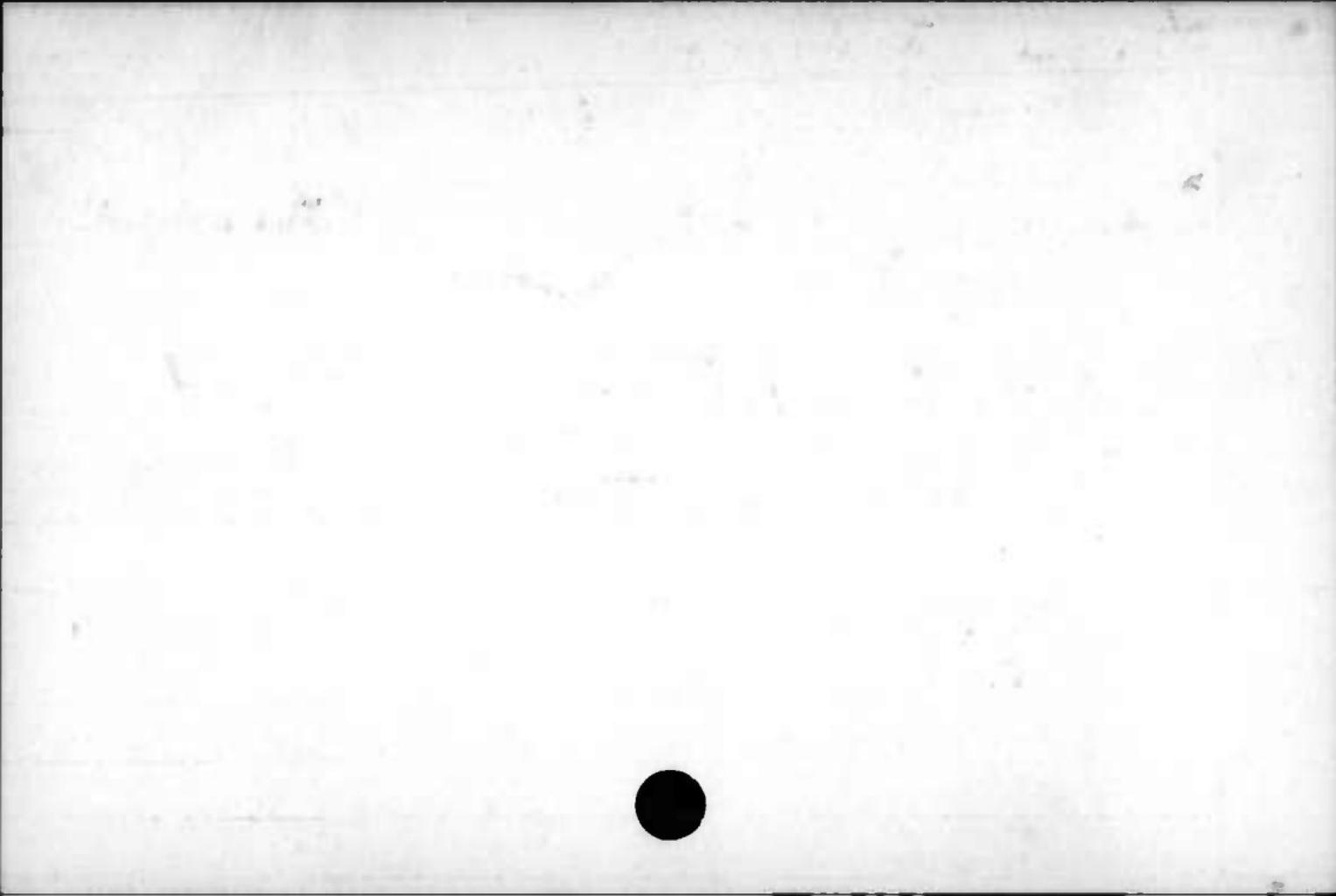
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 15 th	Age 58	Years	Months	Days
Sex Female	Color or Race White	Birth-place Ireland				
Married, Single or Widowed Married	Occupation House-wife					
Name of Husband John Concannon						
Father's Name Unknown	Father's Birthplace Ireland					
Mother's Maiden Name Unknown	Mother's Birthplace Ireland					
Name of person giving information John Concannon	How related to deceased Husband					

CAUSES OF DEATH

Primary	Chronic Nephritis	How long Month
Immediate	Pneumonia	How long Three days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
Yes		Address
Accident or Suicide?		





Name
in
Full

Agnes Darkins

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 1903	Month Feb	Day 1 st	Years	Months 3	Days	
Sex Female	Color or Race	Age colored		Birth-place Annapolis		
Married, Single or Widowed		Occupation				
Name of Wife or Husband						
Father's Name		Wm Darkins		Father's Birthplace	Md.	
Mother's Maiden Name		Agnes Benson		Mother's Birthplace	Annapolis	
Name of person giving information		Wm Darkins		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis		How long since birth
Immediate	Exhaustion		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. A. Adams
		Address	Undertaker
Accident or Suicide?		Annapolis Md.	



Name
in
Full

Charles H. Diggs

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Annapolis</u> Town <u>H.A.</u> County				MARYLAND	
Date of death <u>1903</u>	Month <u>Feb</u>	Day <u>25th</u>	Age <u>29</u>	Years	Months Days
Sex <u>Male</u>	Color or Race <u>colored</u>	Birth-place <u>H.A. County</u>			
Married, Single or Widowed	Occupation <u>Labourer</u>				
Name of Wife <u>Millie Colbut</u>					
Husband					
Father's Name <u>Benjamin Diggs</u>	Father's Birthplace <u>H.A.S.</u>				
Mother's Maiden Name <u>Fannie Diggs</u>	Mother's Birthplace <u>H.A.S.</u>				
Name of person giving information <u>Benj. Diggs</u>	How related to deceased <u>Father</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>Month</u>
Immediate <u>Exhaustion</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>John Ridout M.D.</u>
<u>yes</u>	Address <u>Health Officer</u>
Accident or Suicide?	<u>Annapolis Md</u>



Name
in
Full

John T. Downs

CERTIFICATE OF DEATH

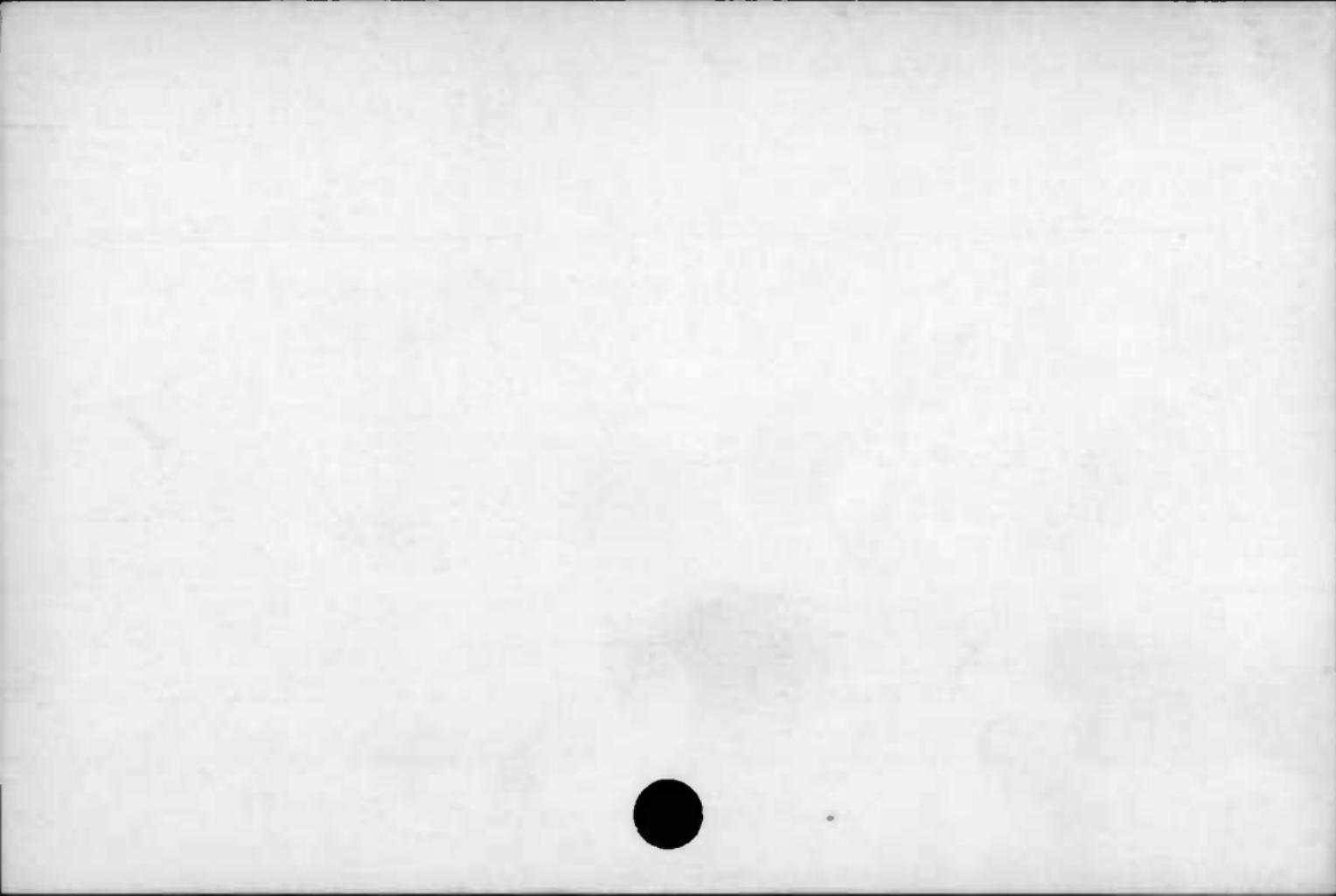
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1908	Month 2	Day 6	Age 64	Years 64	Months 3	Days 8
Sex	Male	Color or Race	White	Birth- place Patuxent			
Married, Single or Widowed	Married	Occupation		Farmer			
Name of Wife Husband	Mary A. Downs						
Father's Name	John Downs					Father's Birthplace	
Mother's Maiden Name	Maggie Carrick					Mother's Birthplace	
Name of person giving Information	Mary A. Downs					How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebralitis	65	How long	4 weeks
Immediate	Softening of brain		How long	Two weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	J. H. D. Morris, M.D.
			Address	Garrisonville Md
Accident or Suicide?				



Name
in
Full

John Wm Ennis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND				
Died at	Harwood	aa					
Date of death	1903	Month 2	Day 13	Age 1	Years	Months 2	Days 3
Sex	Male	Color or Race	Black	Occupation	Birth-place	Harwood	
Married, Single or Widowed	Single	nothing					
Name of Wife or Husband							
Father's Name	John Wm Ennis	Father's Birthplace	Harwood Md				
Mother's Maiden Name	Venice Brown	Mother's Birthplace	Harwood Md				
Name of person giving information	Venie Ennis	How related to deceased	Daughter				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchitis Pneumonia qz	How long	3 weeks
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	John W Palmer MD
		Address	West River Md
Accident or Suicide?			



Name
in
Full

Jordan Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Annapolis		St.	
Date of death 1903	Month Feb	Day 20 th	Years Age 65-
Sex Male	Color or Race colored	Birth-place N.C.	
Married, Single or Widowed Married	Occupation Laborer		
Name of Wife or Husband Georgeanna Tykes			
Father's Name Unknown	Father's Birthplace N.C.		
Mother's Maiden Name Unknown	Mother's Birthplace N.C.		
Name of person giving information J. A. Adams Undertaker	How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Acute Indigestion

How long

Sudden

Immediate

Heart Failure

How long

death -

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Investigated
by Health Officer

yes

Accident or Suicide?



Name in Full

Certificate of Death

Alpheus A. Hedges

Town

County

Died at

Baltimore, Md.

MARYLAND

Died at	Town	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1903	Feb	18	1	8	10	<i>Maryland</i>	<i>—</i>
Male	White			Age			Divorced	
Female	Colored			Married			Widower	Number of children living

Husband
of

Wife

Father's
Name

Cause of

Death

Reported by

Address

Mother's
Name

How long sick

7 days

Accident, Suicide, Homicide

*Bryce W. Hedges**Elez. V. Hedges*

Primary

Immediate

*Myocardial**Promulgated**J. Bryan Robinson M.D.**Baltimore, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

Died at		Town	County		State		
Date of death 1903	Month Feb	Day 25	Age 66	Years	Months	Days	
Sex Female	Color or Race Black			Birth-place Balti-			
Married, Single or Widowed Single	Occupation washwoman						
Name of Wife or Husband Virginia							
Father's Name Wm Boston							
Mother's Maiden Name Anna Knopf							
Name of person giving Information Ellen Boston							
Father's Birthplace Md							
Mother's Birthplace Md							
How related to deceased Sister							

CAUSES OF DEATH

Primary I do not know best How long I do not know

Immediate Probably Cerebral Hemorrhage How long Sudden

Are the name, age, sex, color, date and place correctly given above?

â ¯ â ¯ â ¯

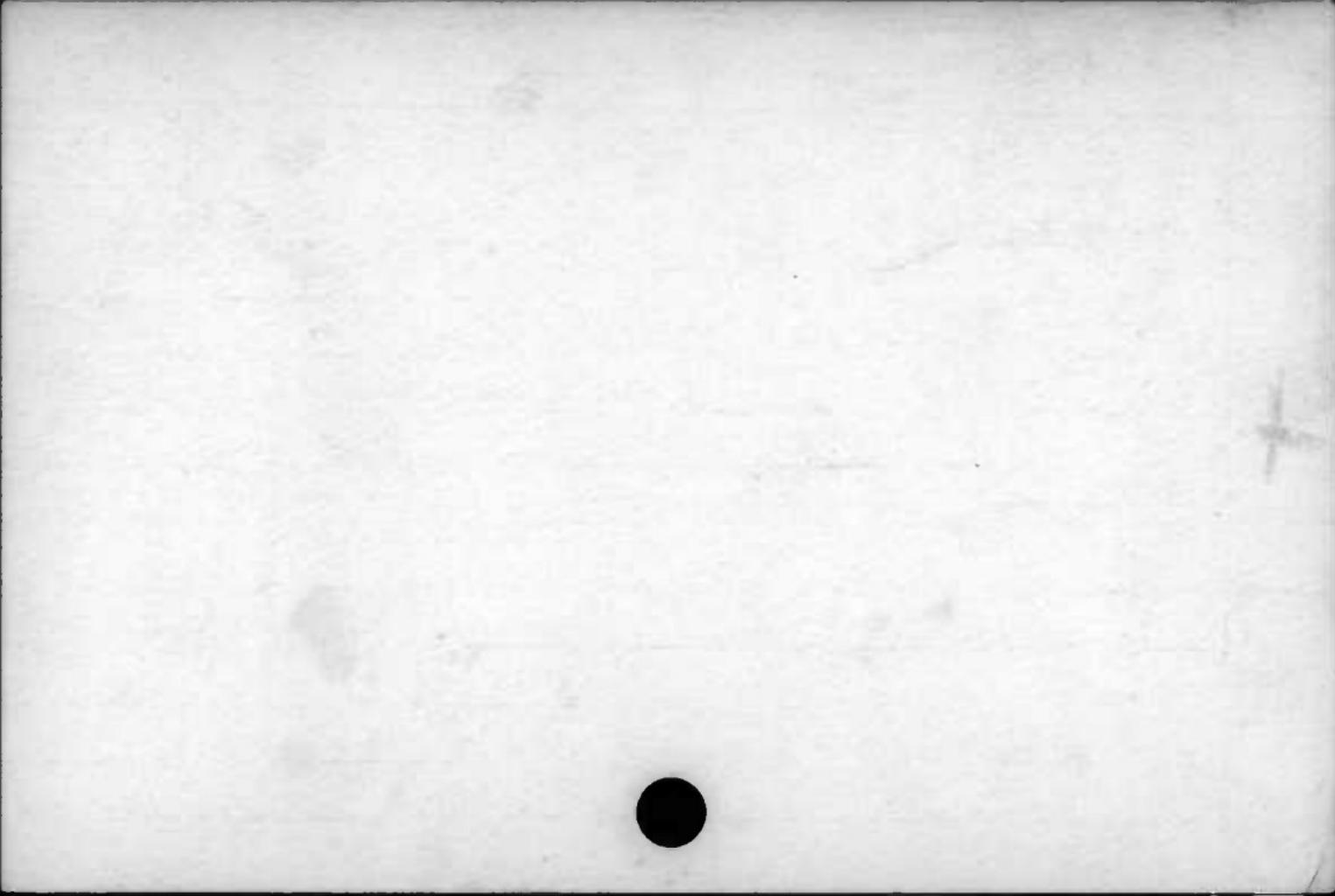
Signature of
Physician

Address

Fig. 26. Thompson N.Y.

193 Church St.
Annapolis, Md.

卷之三



Name
in
Full

Ellen Margaret Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1908	Month Feb.	Day 2	Years 1	Months 7	Days
Sex Female	Color or Race colored	Birth-place Annapolis			
Married, Single or Widowed	Occupation				
Name of Wife or Husband	Hester Johnson				
Father's Name	Moses Johnson				
Mother's Maiden Name	Hester Edward				
Name of person giving information	Mrs. Andrews				

CAUSES OF DEATH

Primary	Basilar Meningitis		How long	1 week
Immediate	Coma	b1	How long	2 days
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Wm S. Welch
			Address	Annapolis
Accident or Suicide?				

1
The following is a list of the
various species of birds observed
in the course of my tour through
the State of Missouri. The list
is not complete, as many species
were observed which did not remain
long enough to be identified. The
list is given in the order in
which they were observed.

Name
in
Full

Janet Johnson

CERTIFICATE OF DEATH

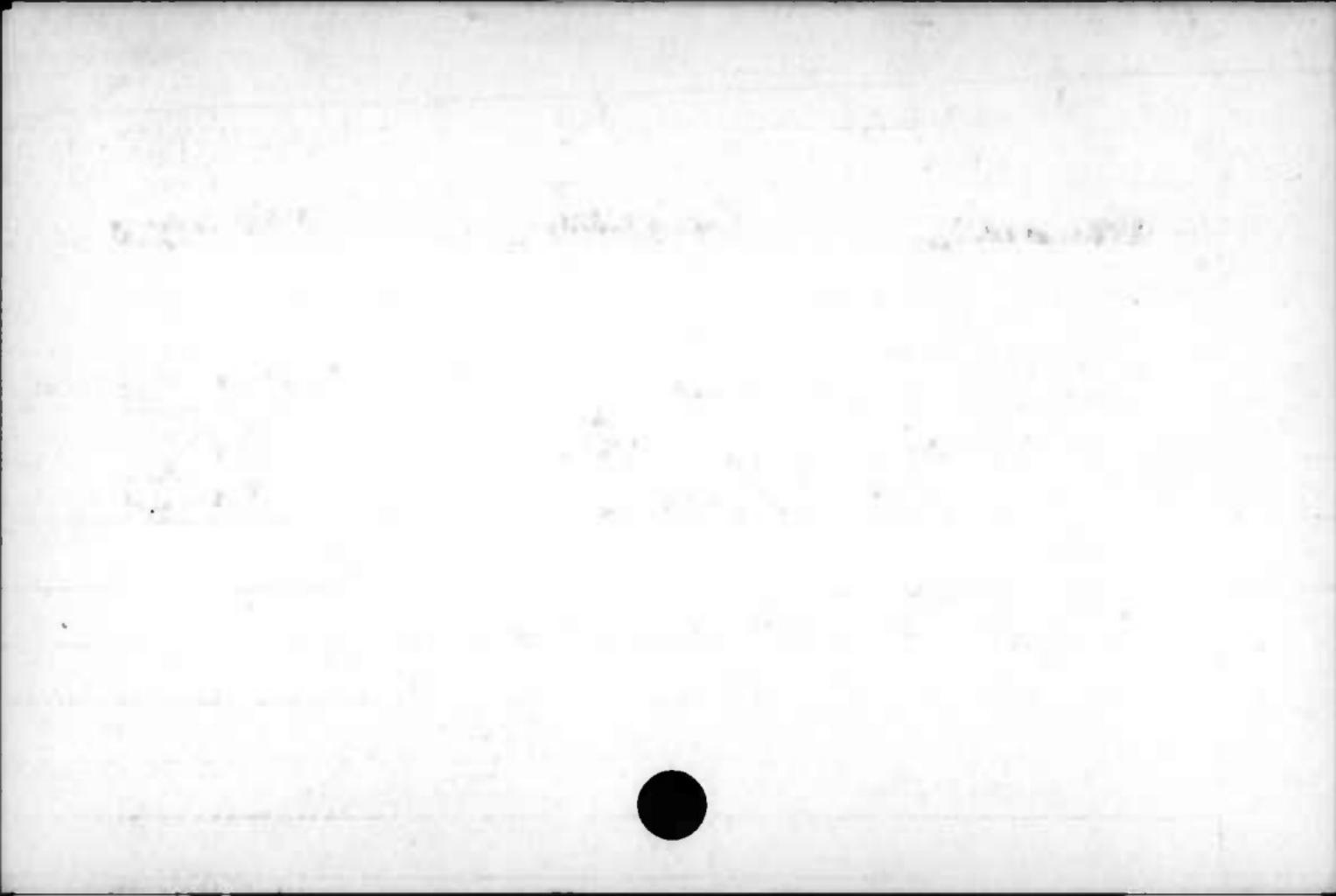
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
3 Feb		25 th	Age 48			
Sex	Female	Color or Race	colored	Birth-place	Att County	
		Occupation		Laundress		
Married, Single or Widowed						
Name of Wife or Husband		Horace Johnson				
Father's Name	Unknown	Day		Father's Birthplace	Att County	
Mother's Maiden Name	Unknown			Mother's Birthplace	Att County	
Name of person giving information	Julia Johnson			How related to deceased	Daughter	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Valvular Disease of the Heart	Age 79	How long	Three months
Immediate	Anemia Pectoris		How long	Ten hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	John Ridout, M.D.	
Yes		Address	Annapolis Md	
Accident or Suicide?				



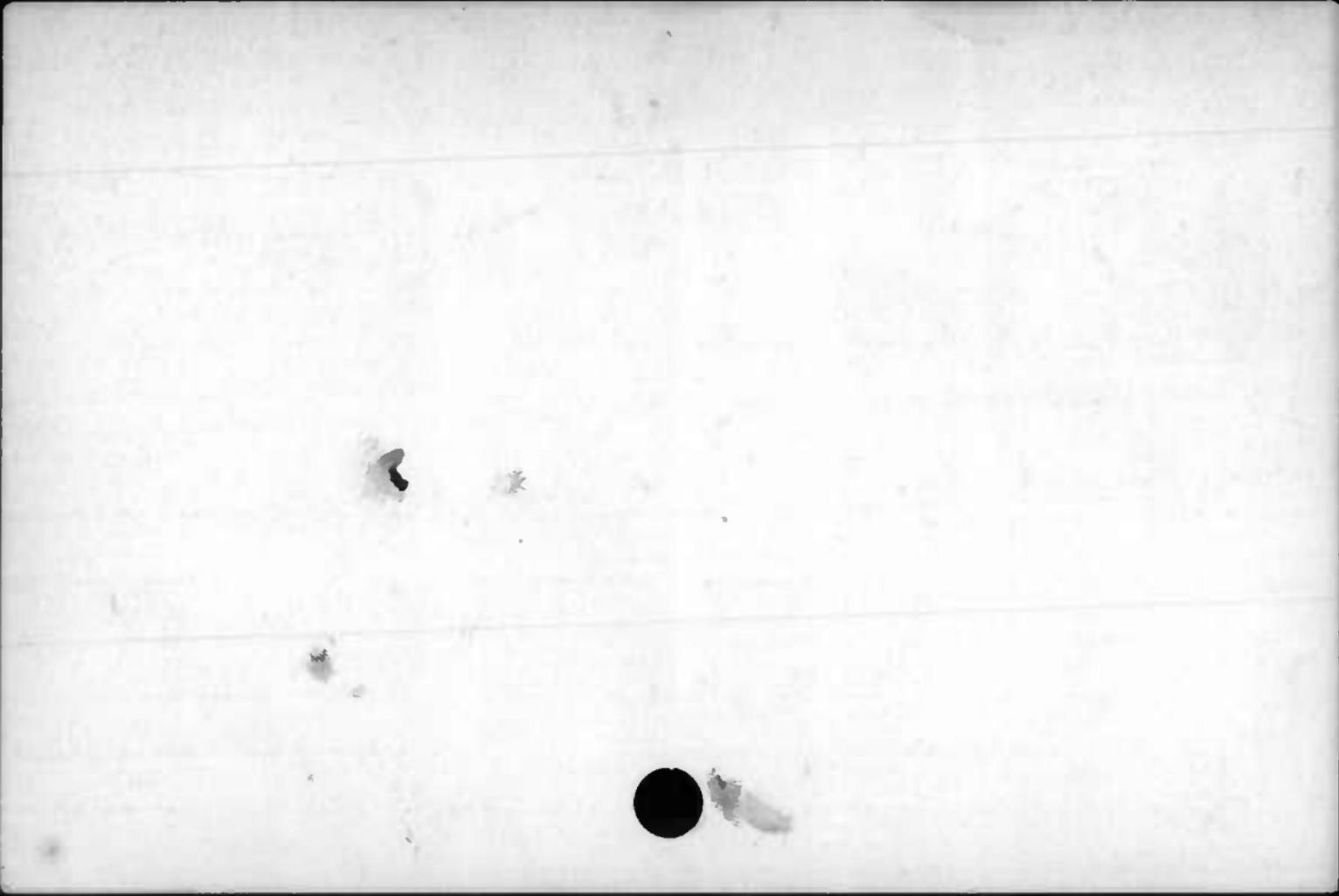
Name
in
Full

Oliva Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Gulch Creek</u>			County <u>Anne Arundel</u>		MARYLAND	
Date of death <u>1903</u>	Month <u>2</u>	Day <u>17</u>	Age <u>80</u>	Years	Months	Days
Sex <u>Male</u>	Color or Race <u>Black</u>	Occupation		Birth-place <u>Maryland</u>		
Married, Single or Widowed <u>Married</u>						
Name of Wife or Husband <u>Leouna Jones</u>					L1	
Father's Name					Father's Birthplace	
Mother's Maiden Name					Mother's Birthplace	
Name of person giving information <u>Leouna Jones</u>			114		How related to deceased <u>wife</u>	
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <u>Jaundees</u>				How long	
	Immediate <u></u>				How long	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician	<u>Wm L Hawkins Coroner</u>		
			Address	<u>Brooklyn</u>		
J				<u>Md.</u>		
Accident or Suicide?						



Name
in
Full

George Kocan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death 1903	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth- place			
Male	White	—	So. Balto -			
M Single W Widowed	Occupation		—			
Name of Wife or Husband						
Father's Name	Mike Kocan		Father's Birthplace	Europe		
Mother's Maiden Name	Lizzie Wasko		Mother's Birthplace	Europe		
Name of person giving Information	Lizzie Kocan		How related to deceased	Mother		

CAUSES OF DEATH

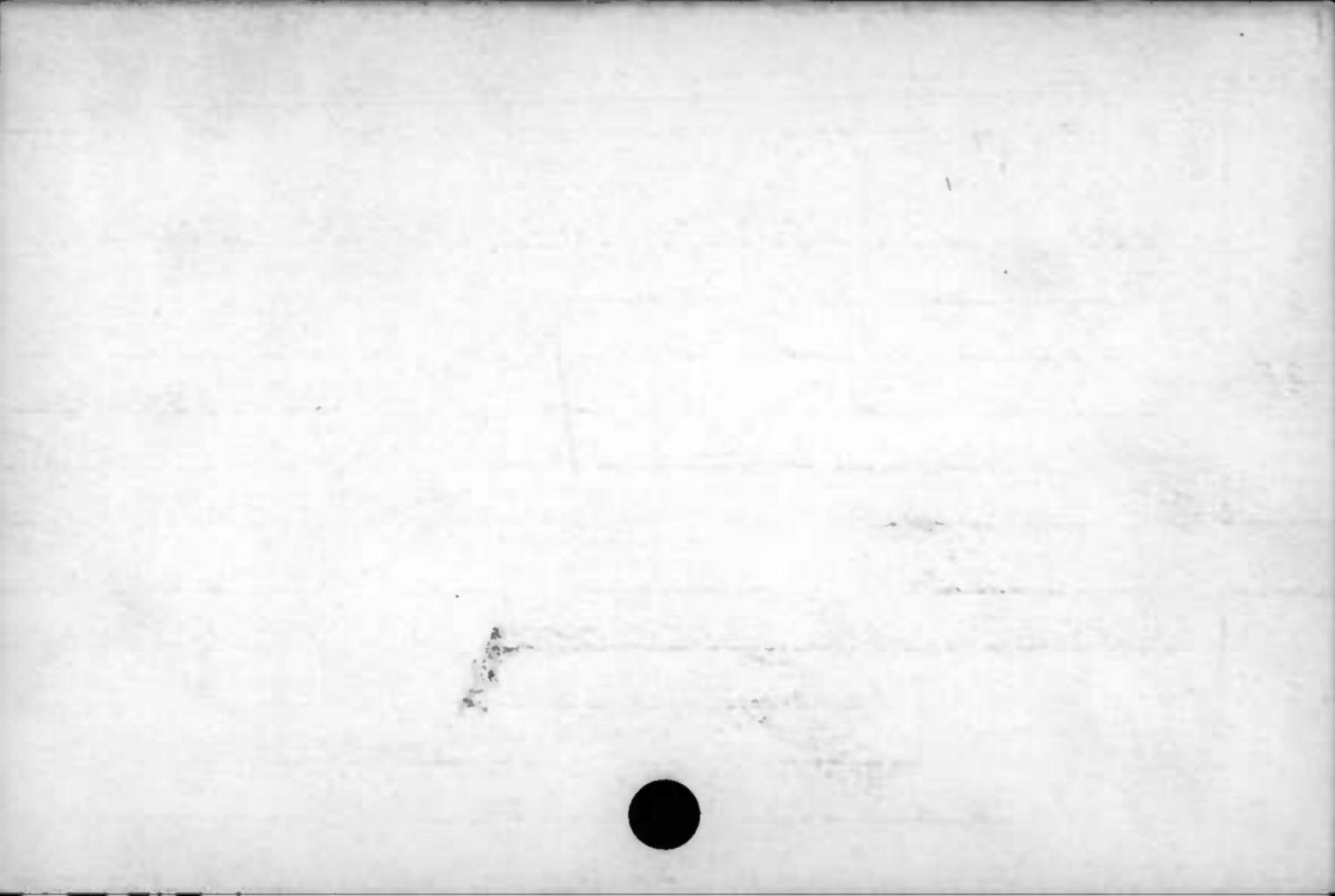
PHYSICIAN
OR CORONER

Primary	Whooping Cough	8	How long
Immediate	Pneumonia		How long
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	J. P. Blattner M.D.

Address

So. Baltimore, Md.

Accident or Suicide?



Name
in
Full

Mrs Edna Leachbury

CERTIFICATE OF DEATH

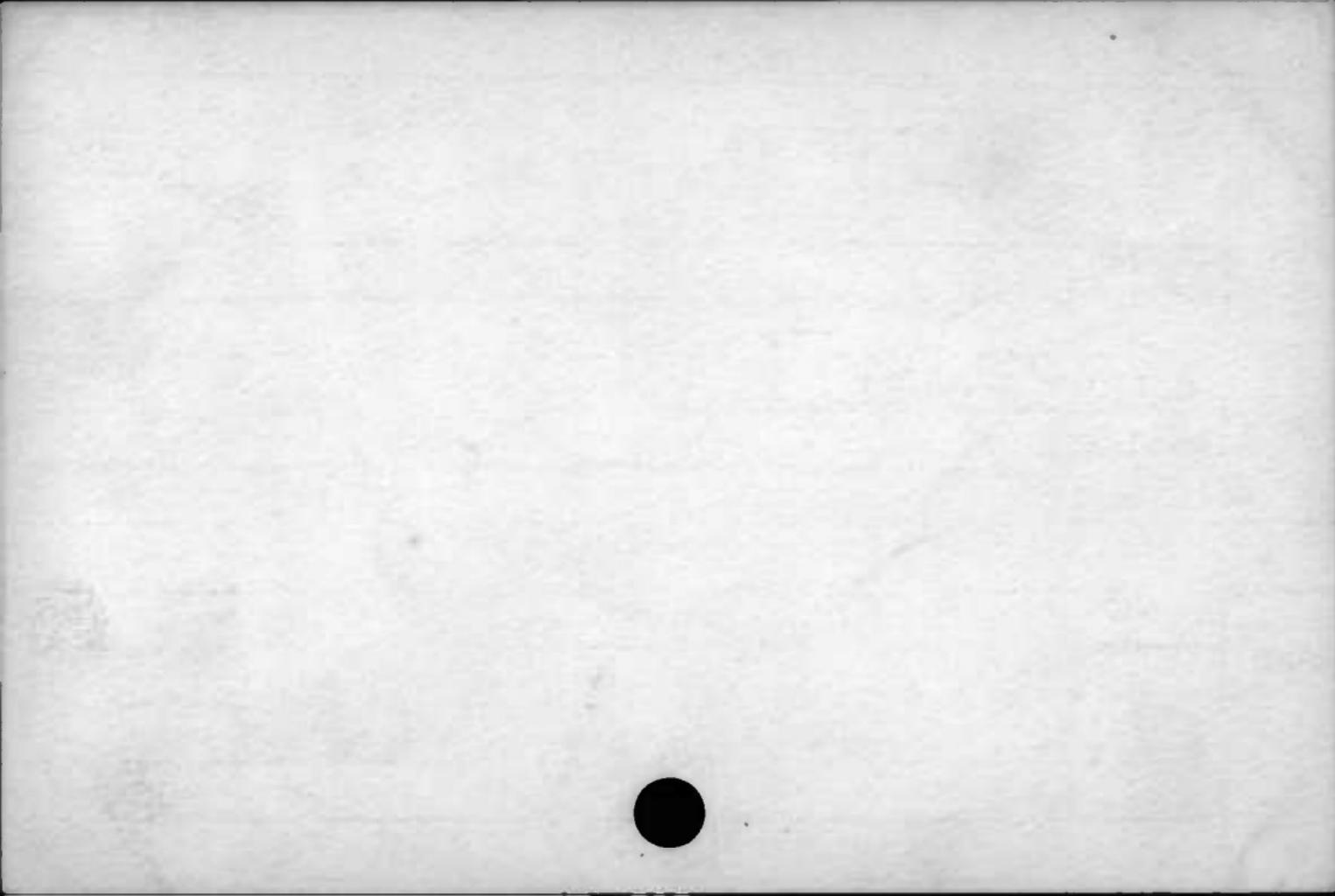
TO BE ANSWERED BY
NEAREST FRIEND

Town	County			
Died at Annapolis	A.A.		Md.	
Date of death 1903	Month Feb.	Day 8	Years Age 21	Months 4
Sex Female	Color or Race White	Days 30		
Married, Single or Widowed Married	Occupation			
Name of Wife or Husband James C. Leachbury				
Father's Name Elgin O. Simpson	Father's Birthplace Racine, Wis.			
Mother's Maiden Name May, A. Crosby.	Mother's Birthplace Calvert Co			
Name of person giving information Husband	How related to deceased Husband			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary Tuberculosis	How long 3 years
Immediate Exhaustion	How long 6 mos.
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician
	Address
Accident or Suicide?	Swell S. H. plumb Annapolis Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Nat Livi

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death 1903	Month 2	Year 45	Months	Days	
Sex Male	Color or Race Col	Occupation Lat.			
Married, Single or Widowed Married					
Name of Wife or Husband Nancy Livi					
Father's Name Don't know	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information Nancy Livi	How related to deceased wife				

CAUSES OF DEATH

Primary	Acute Bright's	How long	2 mo
Immediate	Heart Failure	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Charles Brooke



Accident or Suicide?



Name
in
Full

Grace Loman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Nutville,		Town	Anne Arundel		MARYLAND		
Date of death 1901	Month Feb.	Day 14	Years 0	Age	Months 4	Days 26	
Sex Female	Color or Race	white		Birth-place	Annapolis, Md.		
Married, Single or Widowed	Single		Occupation				
Name of Wife or Husband							
Father's Name	Thomas King		Father's Birthplace				
Mother's Maiden Name	Georgiana Loman		Mother's Birthplace				
Name of person giving Information	Georgiana Loman		How related to deceased	Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Convulsions of

How long

1 day

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

A. J. Perrie

Address

McKendree, Md.

Accident or Suicide?



Name
in
Full

Birdie May Lorraine

CERTIFICATE OF DEATH

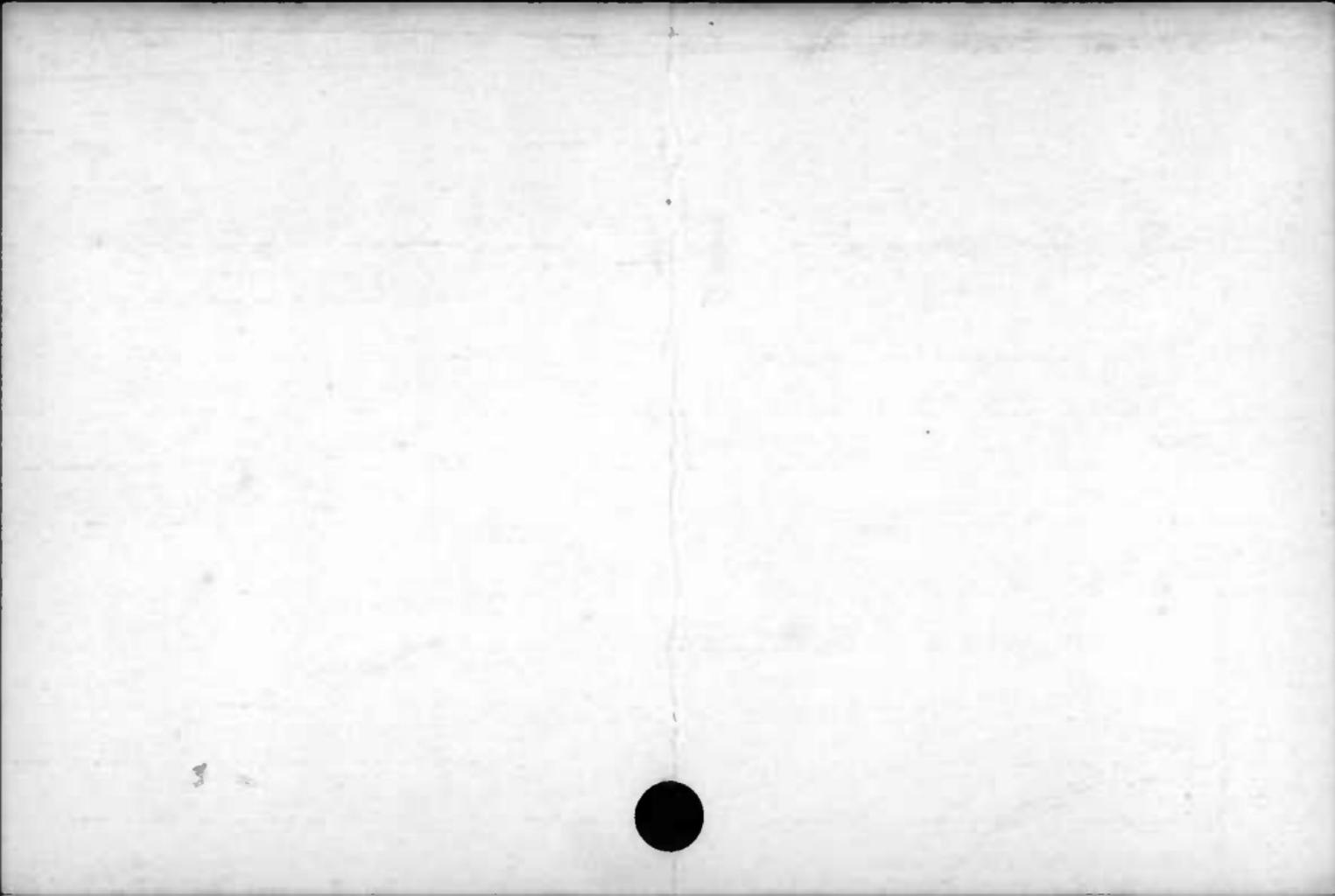
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	A Air		MARYLAND		
Date of death 1903	Month February	Day 3	Age 9	Years	Months	Days
Sex Female	Color or Race	White		Birth-place	A.A.Co	
Married, Single or Widowed	Occupation					
Name of Wife or Husband						
Father's Name	Wesley Lorraine			Father's Birthplace	A A Co	
Mother's Maiden Name	Ann Rebecca Turner			Mother's Birthplace	A A Co	
Name of person giving Information	Mortimer Lorraine			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubercular abscess		How long	one month
Immediate	Heart failure		How long	one hour
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Thomas H. Morgan	
		Address	Blue Bell Mine	
Accident or Suicide?				



Name
in
Full

Dr James E. Moque

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County			
Gambills		Gore Hundred			MARYLAND	
Date of death 1909	Month 2	Day 12	Years 70	Age	Months	Days
Sex Male	Color or Race	White	Occupation	Maryland		
Married, Single or Widowed Married	Catharine A. Moque		Father's Name	Maryland		
Name of Wife or Husband Catharine A. Moque	Henry Moque		Mother's Name	Maryland		
Father's Name	Don't know		Father's Birthplace	Maryland		
Mother's Maiden Name	Catharine A. Moque		Mother's Birthplace	Maryland		
Name of person giving Information	Wife		How related to deceased	Wife		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Gastro Enteritis

How long

11 days

Immediate

Ulceration of the Stomach

How long

6 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

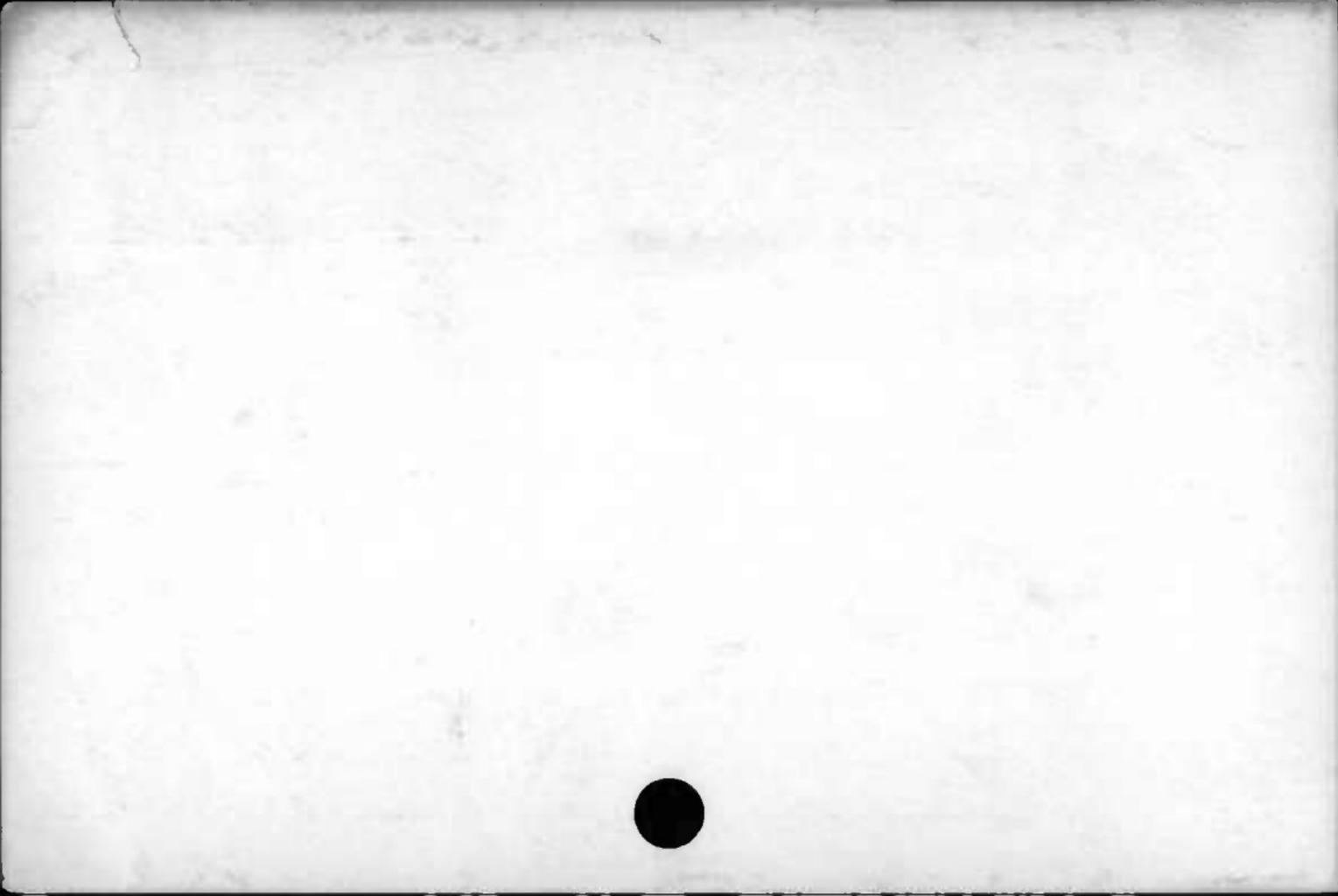
Signature of
Physician

Address

J.W. Dr. Bois M.D.

Gambills
Md

Accident or Suicide?



Name
in
Full

Mrs Cynthia May Moore
Town
Died at A.C. Annapolis / A.C. County

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

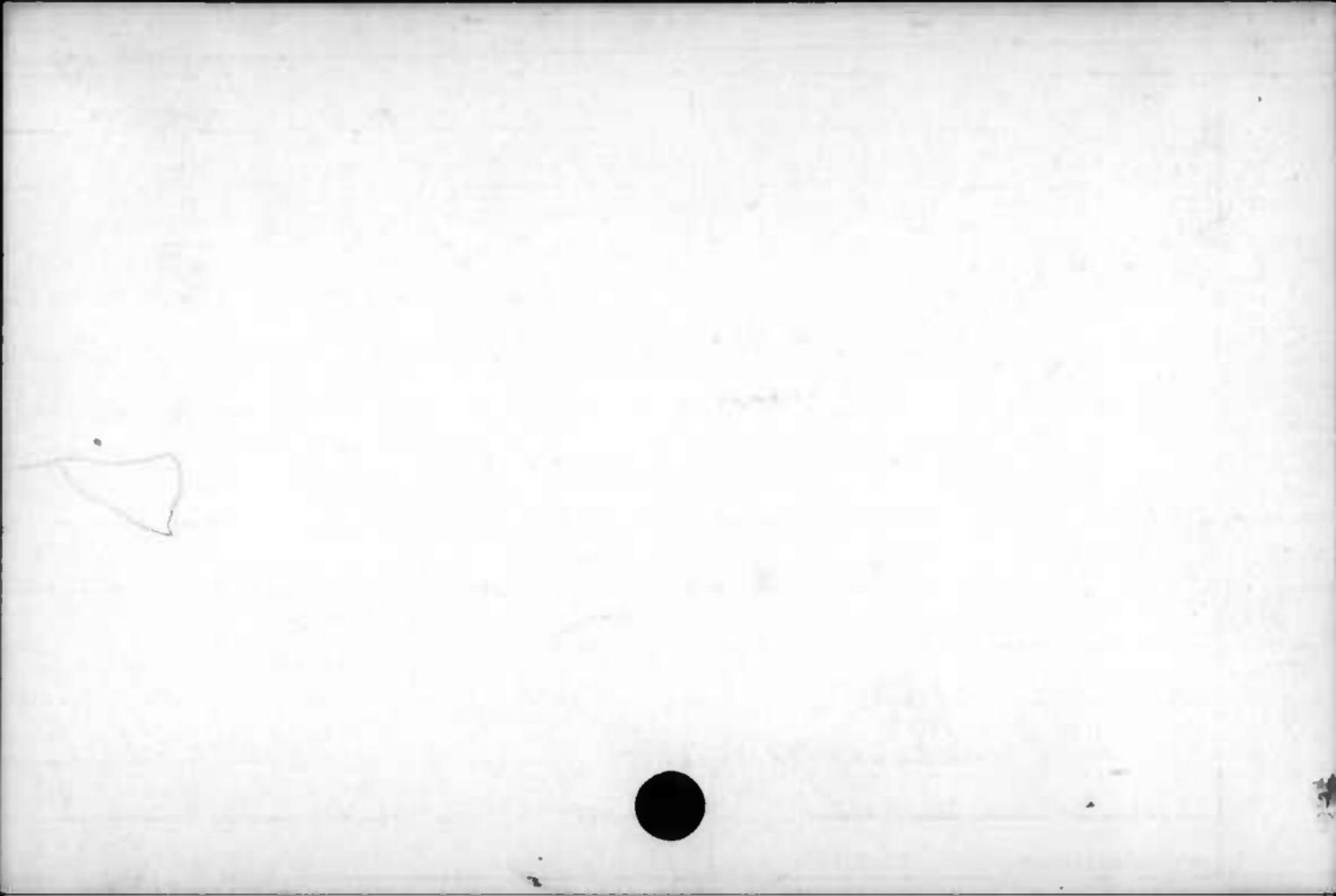
Date of death 1903	Month Feb.	Day 19th	Years Age 65	Months	Days
Sex Female	Color or Race White	Birth-place Clark C. Va.			
Married, Single or Widowed Married	Occupation				
Name of Wife or Husband Chas. Moore					
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information May Bonke	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Influenza	10	How long	Week
Immediate	Bronchopneumonia	Week	How long	Week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. G. Bidwell	
Address A.C. Annapolis, Md.				

Accident or Suicide?



Walter J. Murray

Town

County

Died at Arnigers Anne Arundel

MARYLAND

Date Died	Month	Day	Age	Y.	M.	D.	Native of	Occupation
1903	Feb	12	1					
Male	White		Married				Widow	Divorced
<u>Female</u>	Colored		<u>Single</u>				Widower	Number of children living

Husband of

Wife

Father's Name

Chas. Murray

Mother's

Maiden Name

Kate Watts

Cause of

Primary

How long sick

2 days

Death

Immediate

Croup

9a

Accident, Suicide, Homicide

Reported by

Geo H. Crane

Address

Arnigers

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

John Nocar Sr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County
of death 1903	Month	Year
Sex	Color or Race	Birth-place
Married, <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Occupation	
Name of Wife or Husband	Tenia Nocar	
Father's Name		
Mother's Maiden Name		
Name of person giving information	Sophia Nocar	

CAUSES OF DEATH

Primary

Cardiac Hypotony 79

How long

5 months

Immediate

Heart Failure

How long

Immediate

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

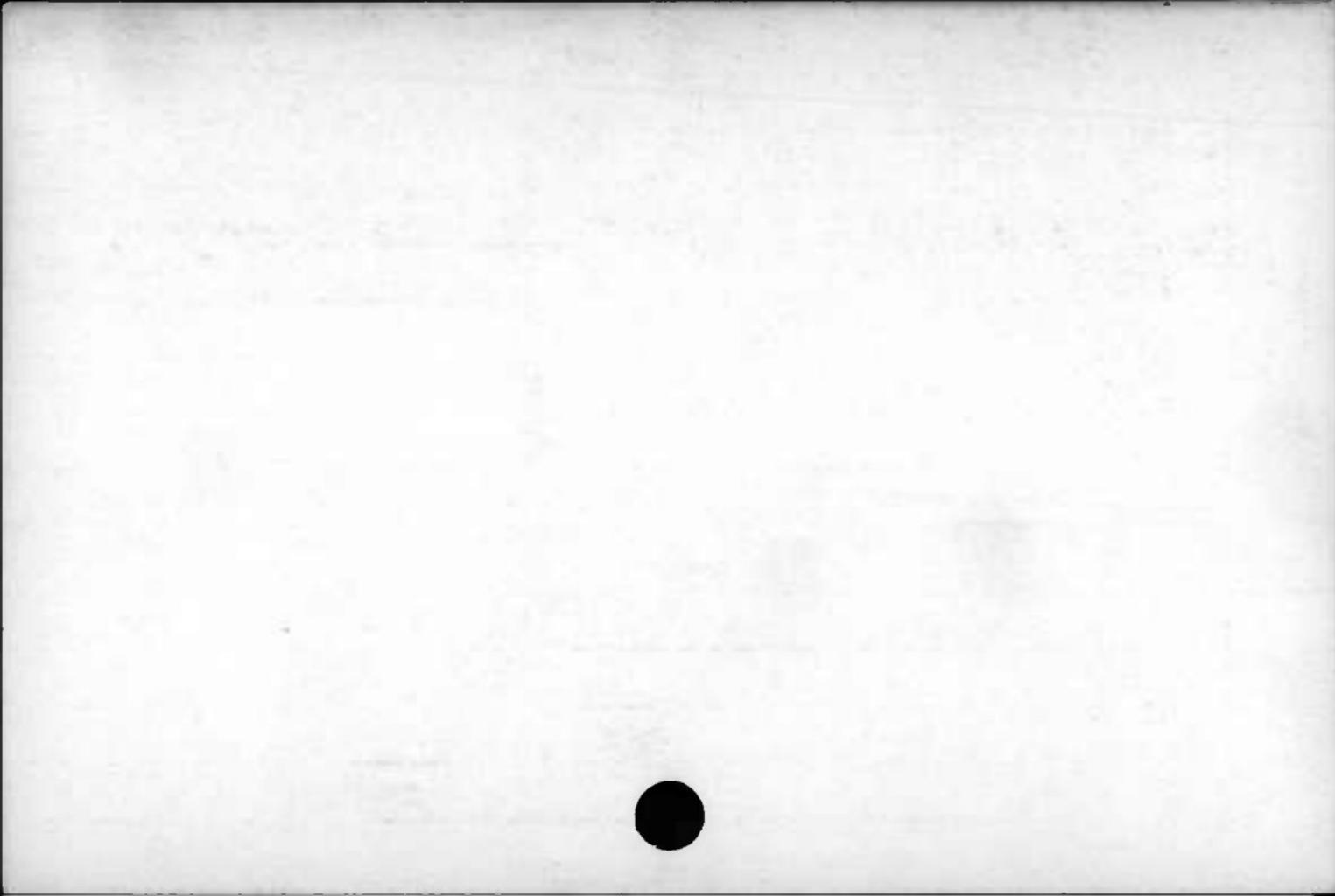
yes

Signature of Physician

Address

H. B. Fortner M.D.
S. Batt. Md.

Incident or Suicide?



Name
in
Full

Charles E Nokes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
3	2	27	—	Six	Five
Sex	Male	Color or Race	Black	Birth-place	Md
Married, Single or Widowed	—	Occupation	—		
Name of Wife or Husband	—				
Father's Name	Charles Nokes	Father's Birthplace	Md		
Mother's Maiden Name	Nancy Nokes	Mother's Birthplace	Md		
Name of person giving Information	Charles Nokes	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

six days

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

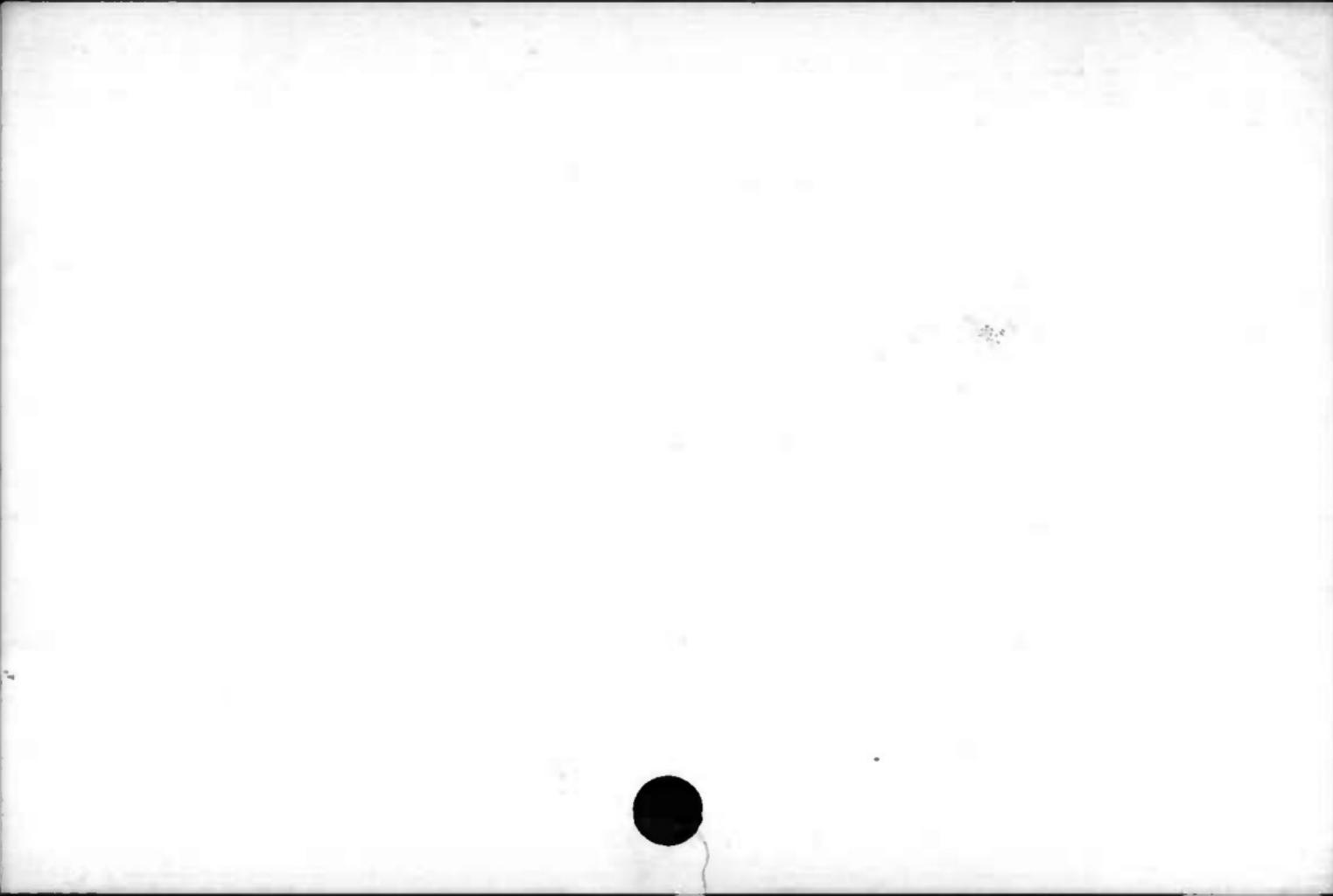
Yes

Signature of Physician

Address

RH Hammond
Jessup Md

Accident or Suicide?



Name
in
Full

Landis Lass Ogierski

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	Days
Sex	Mate	Color or Race	white	Birth- place	Lanier Bay
Married, Single or Widowed	Single	Occupation			
Name of Wife or Husband					
Father's Name	Andy Ogierski			Father's Birthplace	Rus
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Andy Ogierski			How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Measles How long

Immediate Congestion Lung How long

Are the name, age, sex, color, date
and place correctly given above?

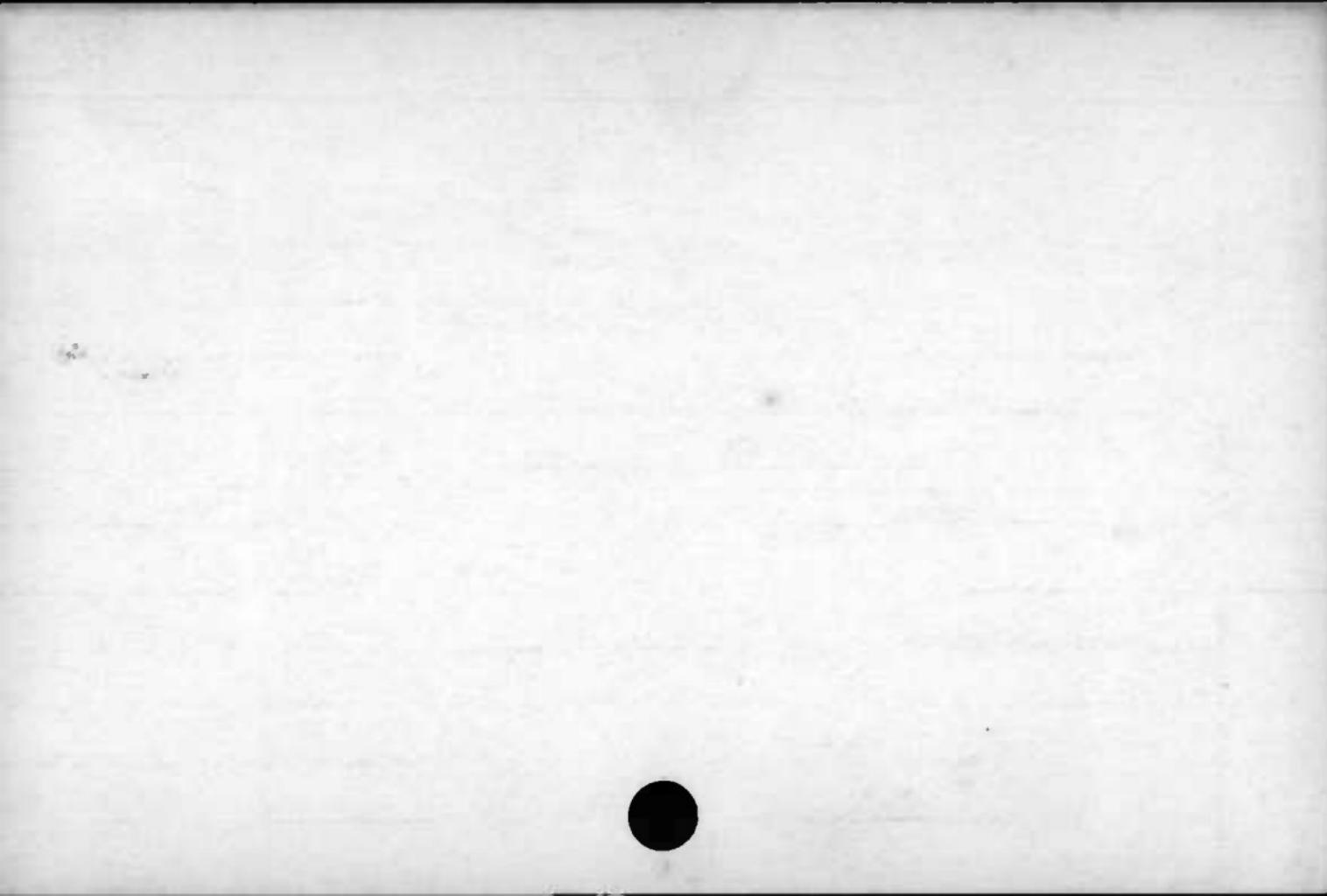
yes

Signature of
Physician

Address

Chas. S. Brooks

Accident or Suicide?



Name
in
Full

John Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Male	Color or Race	Black	Birth-place	Marwood Md	
Married, Single or Widowed	Single	Occupation	Nothing			
Name of Wife or Husband						
Father's Name	John Wesley Parker			Father's Birthplace	Marwood Md	
Mother's Maiden Name	Adie Mitchell			Mother's Birthplace	Marwood Md	
Name of person giving Information	Adie Parker			How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Broncho-Pneumonia age How long 3 weeks
Immediate _____ How long _____

Are the name, age, sex, color, date and place correctly given above?

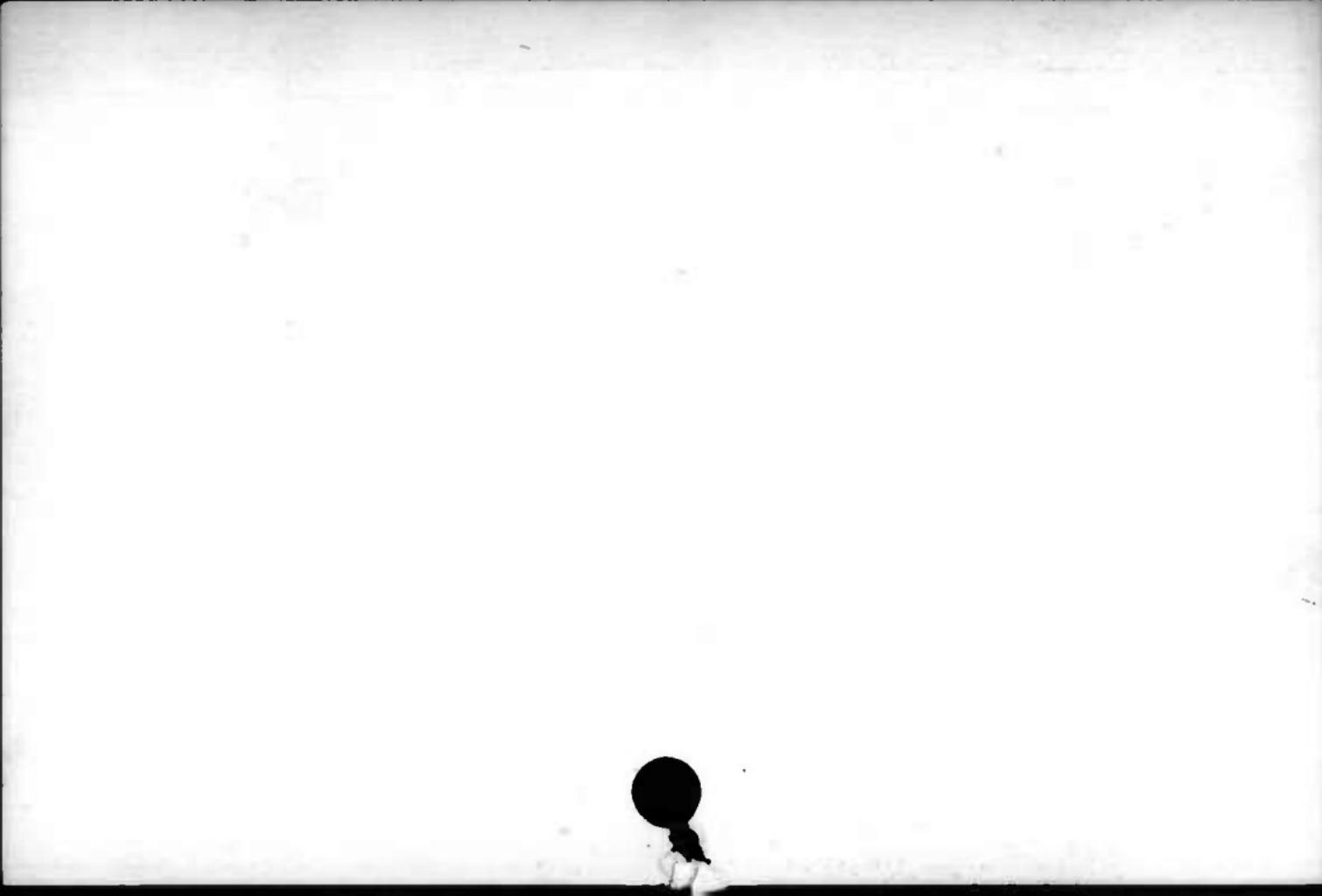
Yes

Signature of Physician

Address

Guy W. Ratiner
West River
Md

Accident or Suicide?



Name
in
Full

Washington Parker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <u>West River</u>		County <u>aa</u>				
Date of death <u>1903</u>	Month <u>2</u>	Day <u>10</u>	Age <u>80</u>	Years <u>80</u>	Months <u>2</u>	Days <u>0</u>
Sex <u>Male</u>	Color or Race <u>Black</u>	Birth-place <u>West River Md</u>				
Married, Single or Widowed <u>Widower</u>	Occupation <u>Farmer</u>					
Name of Wife or Husband <u>Unknown</u>						
Father's Name <u>Unknown</u>	Father's Birthplace _____					
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace _____					
Name of person giving Information <u>Wm H Talbot</u>	How related to deceased <u>Same</u>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Old Age

154

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

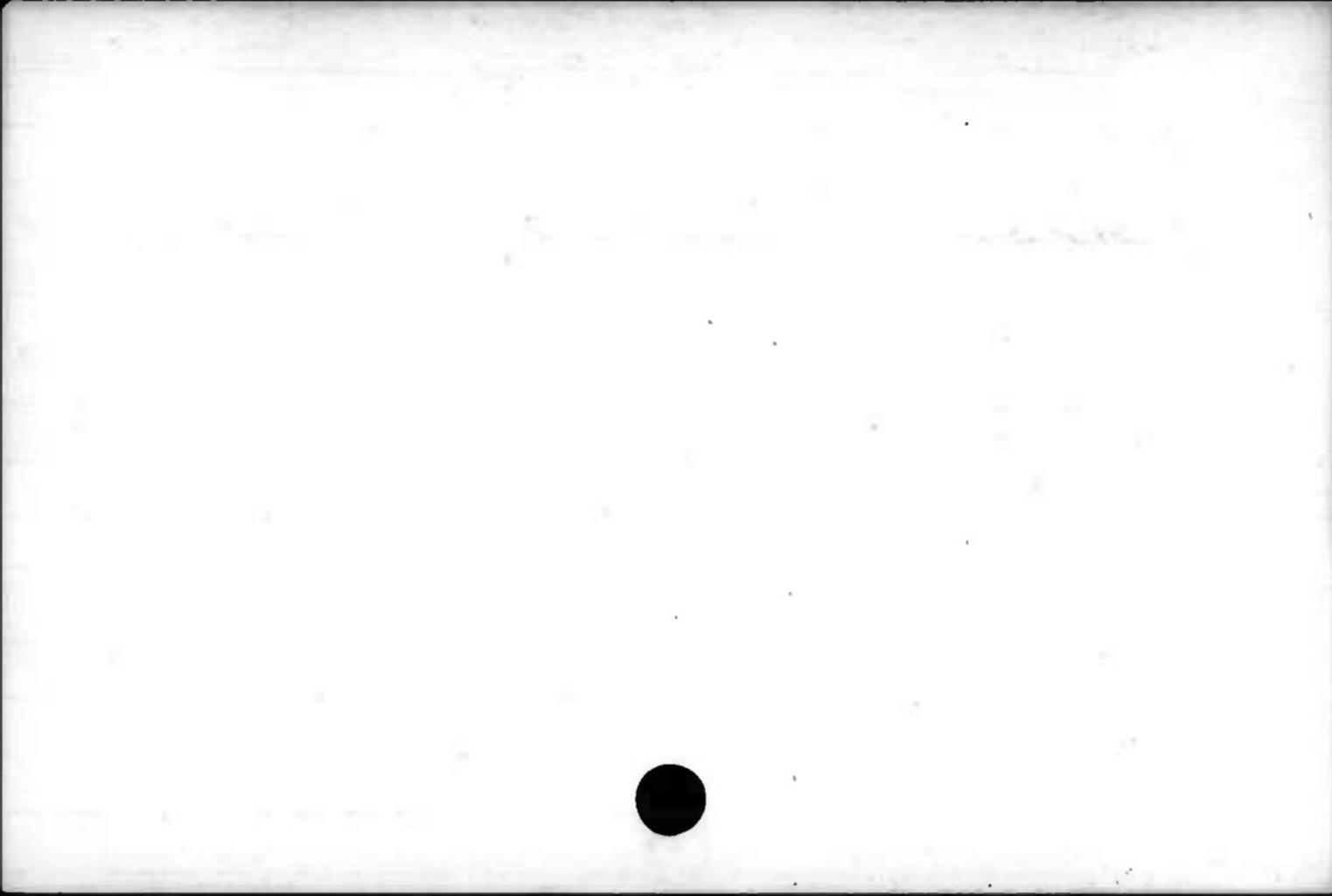
Yes

Signature of Physician

Address

George Latimer Jr
West River
Md

Accident or Suicide?



Name
in
Full

Ineen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death 1903	Month Feb	Day 16 th	Age	Years	Months	Days
Sex Female	Color or Race	Occupation colored		Birth-place	Annapolis	
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name	Wm Ineen			Father's Birthplace	Annapolis	
Mother's Maiden Name	Insie Stewart			Mother's Birthplace	Annapolis	
Name of person giving information	Wm Ineen			How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Still-born

How long

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

yes

Address

John Ridout
Annapolis
Md.

Accident or Suicide?



Eliza Ann Roberts

Died at	Town <u>Magothy</u>	County <u>Anne Arundel</u>				MARYLAND
Date 19	Month <u>03</u>	Day <u>Feb 22</u>	Y. <u>90</u>	M. <u> </u>	D. <u> </u>	Native of <u>Md</u>
	<u>Male</u>	<u>White</u>	<u>Age</u>	<u>Married</u>	<u>Widow</u>	Occupation <u>maiden</u>
	<u>Female</u>	<u>Colored</u>	<u>Single</u>	<u> </u>	<u>Widower</u>	Divorced
Husband of				Number of children living <u>2</u>		

Wife

Father's Name

Don't know

Mother's Maiden Name
Don't know

Cause of Death

Primary
old age

154

How long sick
1 month

Immediate

old age

Accident, Suicide, Homicide

Reported by

Geo. H. Keran M.D.

Address

Armagr [Redacted] a.a.co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William Edward Sears.

Died at Town County
Annapolis Anne Arundel Co., MARYLAND

Date 1903	Month Feb.	Day 26	Y. 2	M. 3	D. 3	Native of Maryland	Occupation Child
Male	White		Married	Widower	Divorced	Number of children living	
Female	Entered		Single				

Husband

Wife

Father's Name

W. H. Sears

Mother's

Name

Rosa J. Sears

Cause of Death	Primary	Acute Indigestion	How long sick 6 days
	Immediate	Congestion of Brain	Accident, Suicide, Homicide

Reported by F. H. Thompson M.D.

Address 193 Church St. Annapolis Md.

This is to you in the
County of Chase send
me the Bushel permit
To accompany same

J. A. Adams
Underwriter

Name
in
Full

Mrs. Agie Siegert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Ballaway	aa	aa	
Date of death 1903	Month 2	Day 3	Years Age 29
Sex Female	Color or Race white	Birth-place Sudley Md	
Married, Single or Widowed Married	Occupation Housewife		
Name of Wife or Husband WM Siegert			
Father's Name Edward Nauwell	Father's Birthplace Sudley Md		
Mother's Maiden Name Unknown	Mother's Birthplace		
Name of person giving Information Guy W. Whalmer	How related to deceased None		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Robar Pneumonia 23

How long

7 days

Immediate

Respiratory failure

How long

Are the name, age, sex, color, date and place correctly given above?

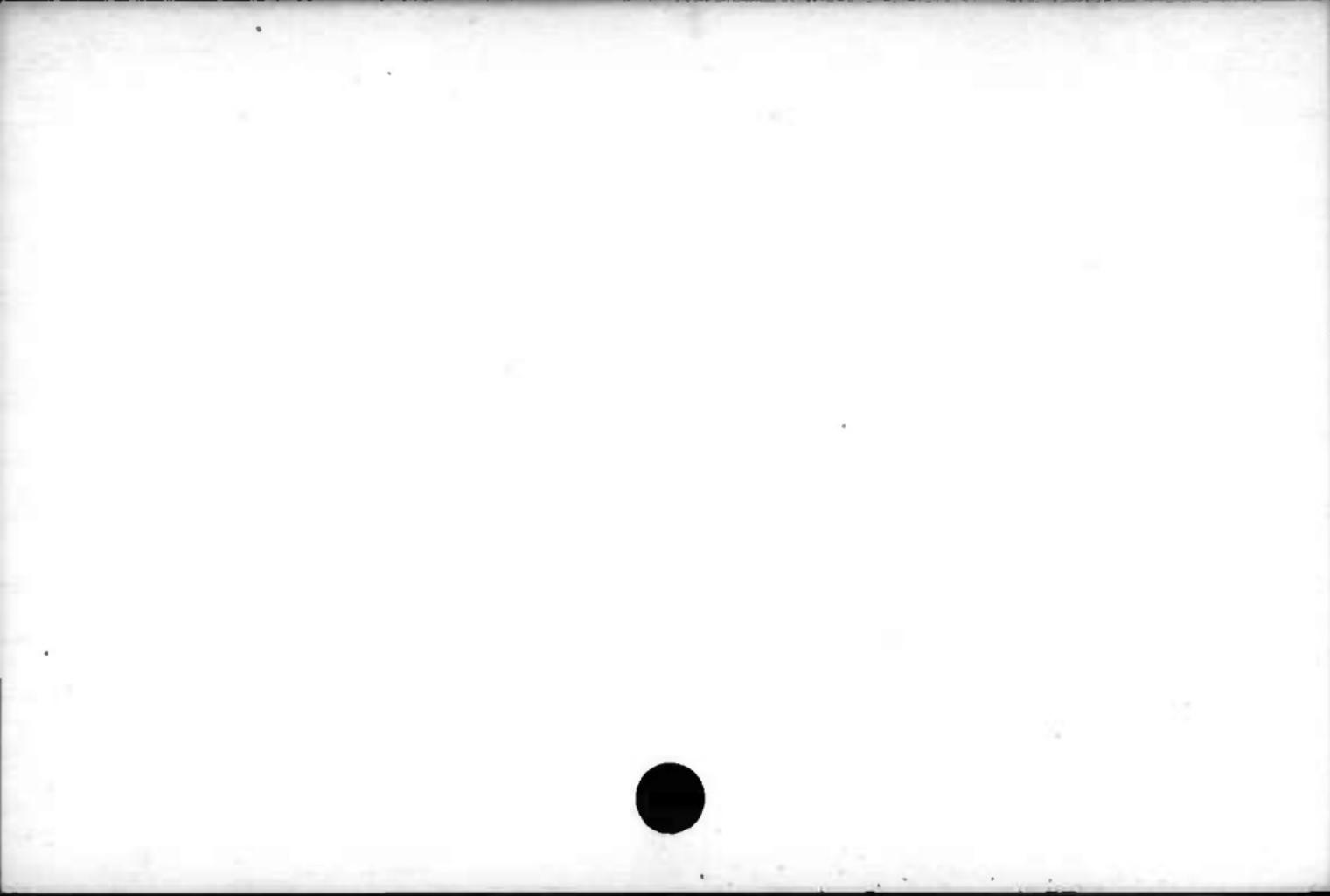
Yes

Signature of Physician

Address

Guy W. Whalmer Md
West River Md

Accident or Suicide?



Name
in
Full

Joe Smith

CERTIFICATE OF DEATH

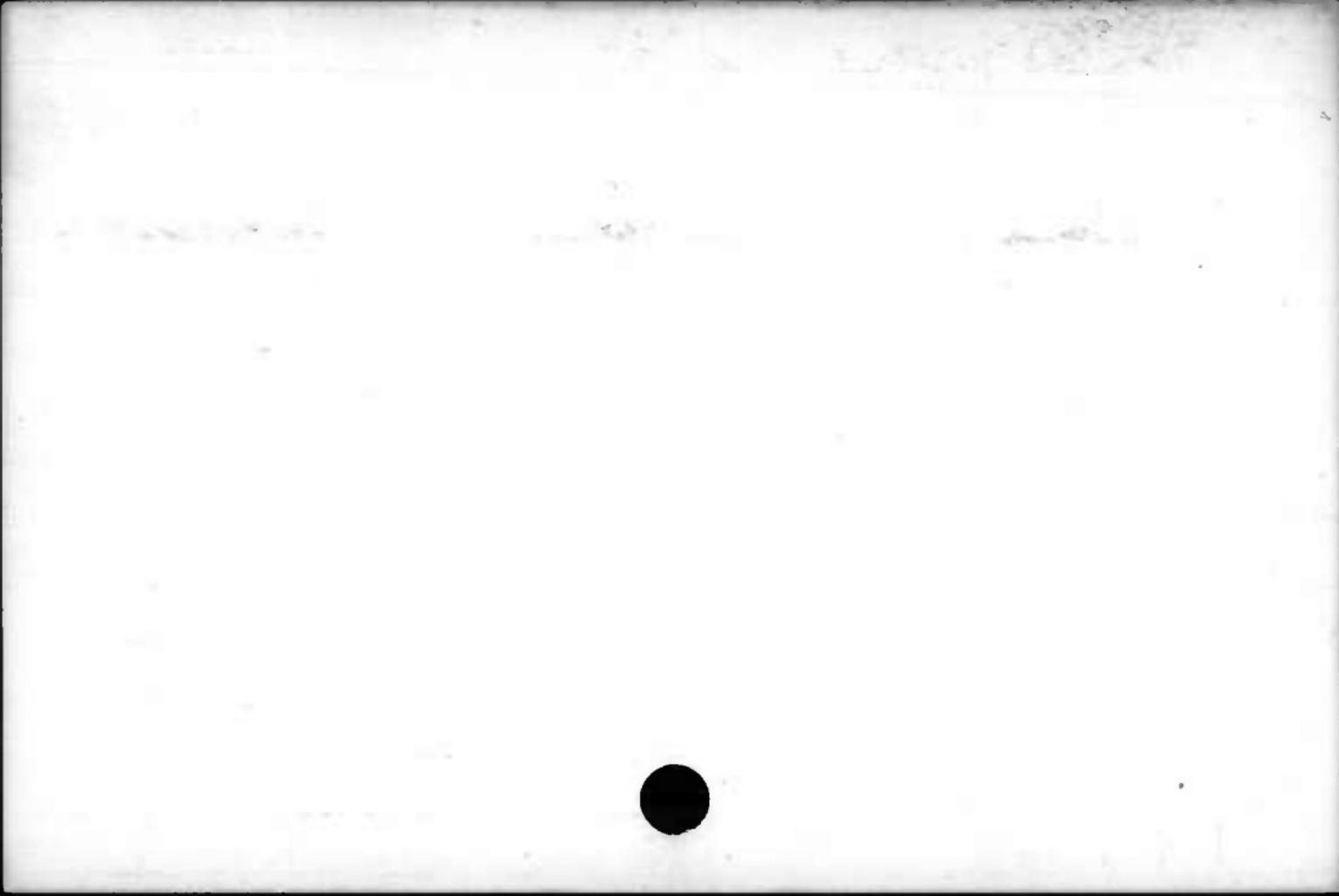
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
of death 1903	2	1	1 2 0
Sex	Male	Color or Race	White
Married, Single or Widowed	Single	Occupation	Nothing
Name of Wife or Husband			
Father's Name	Joe Smith	Father's Birthplace	Galloway Md
Mother's Maiden Name	Anne Nuttall	Mother's Birthplace	Sudley Md
Name of person giving information	Elmer Ratiner	How related to deceased	None

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Erysipelas	18	How long	4 days
Immediate			How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	George Ratiner MD	
		Address	West River Md	
Accident or Suicide?	Neither			



Name
in
Full

Arthur W Snowden

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Annapolis Town ~~Annapolis~~ County ~~St. Mary's~~

MARYLAND

Date of death 1903 Month Feb Day 4th Years — Months 8 Days

Sex Male Color or Race Colored

Birth-place Annapolis

Married, Single or Widowed —

Occupation —

Name of Wife or Husband

Father's Name Charles Snowden

Father's Birthplace ~~St. Mary's~~ County

Mother's Maiden Name Jennie Snowden

Mother's Birthplace ~~St. Mary's~~ County

Name of person giving Information Charles Snowden

How related to deceased Father

CAUSES OF DEATH

Primary Pneumonia 93

How long Six days

Immediate Asthenia

How long Two days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr. Campbell MD

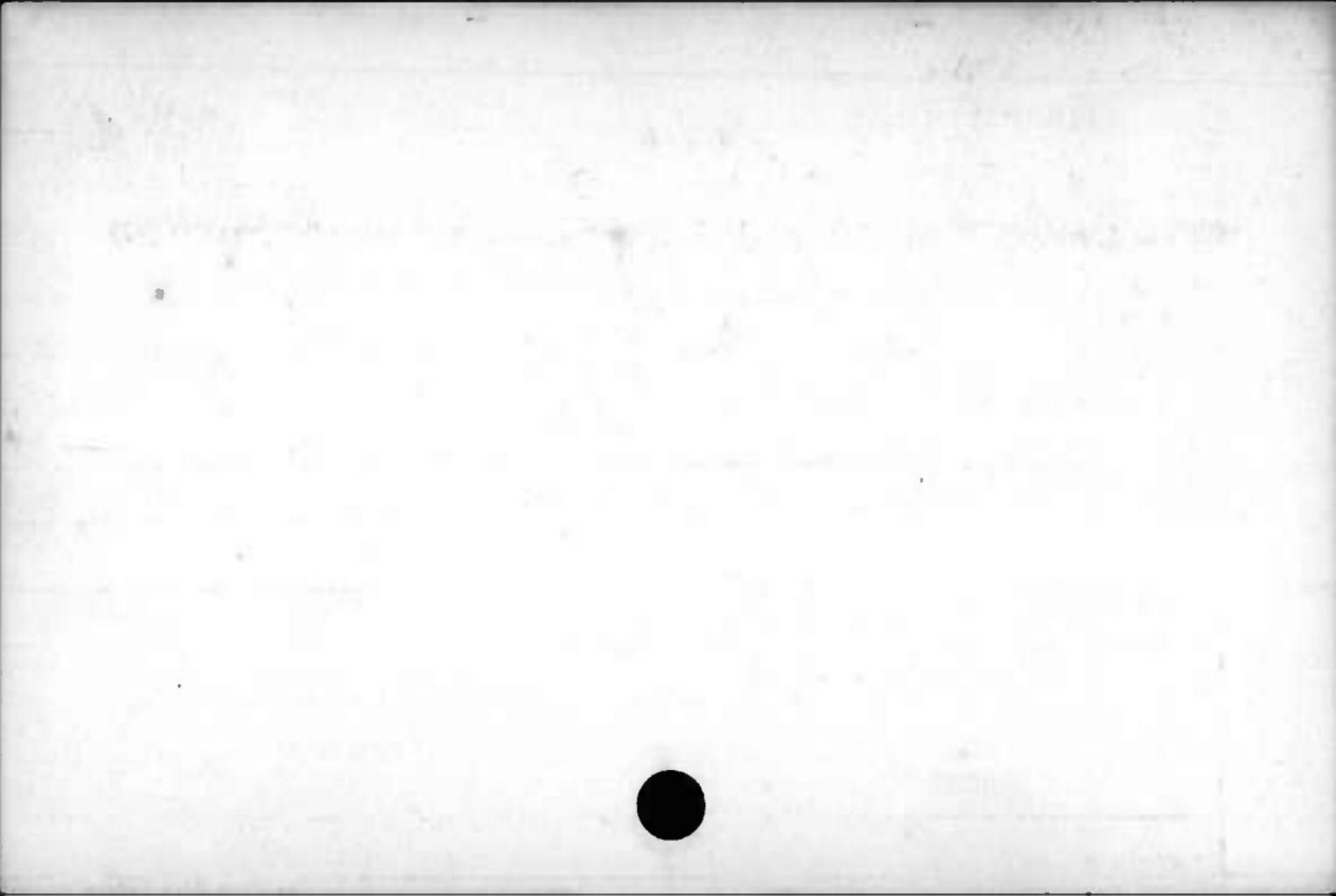
yes

Address

Annapolis Md

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Mary Spencer

CERTIFICATE OF DEATH

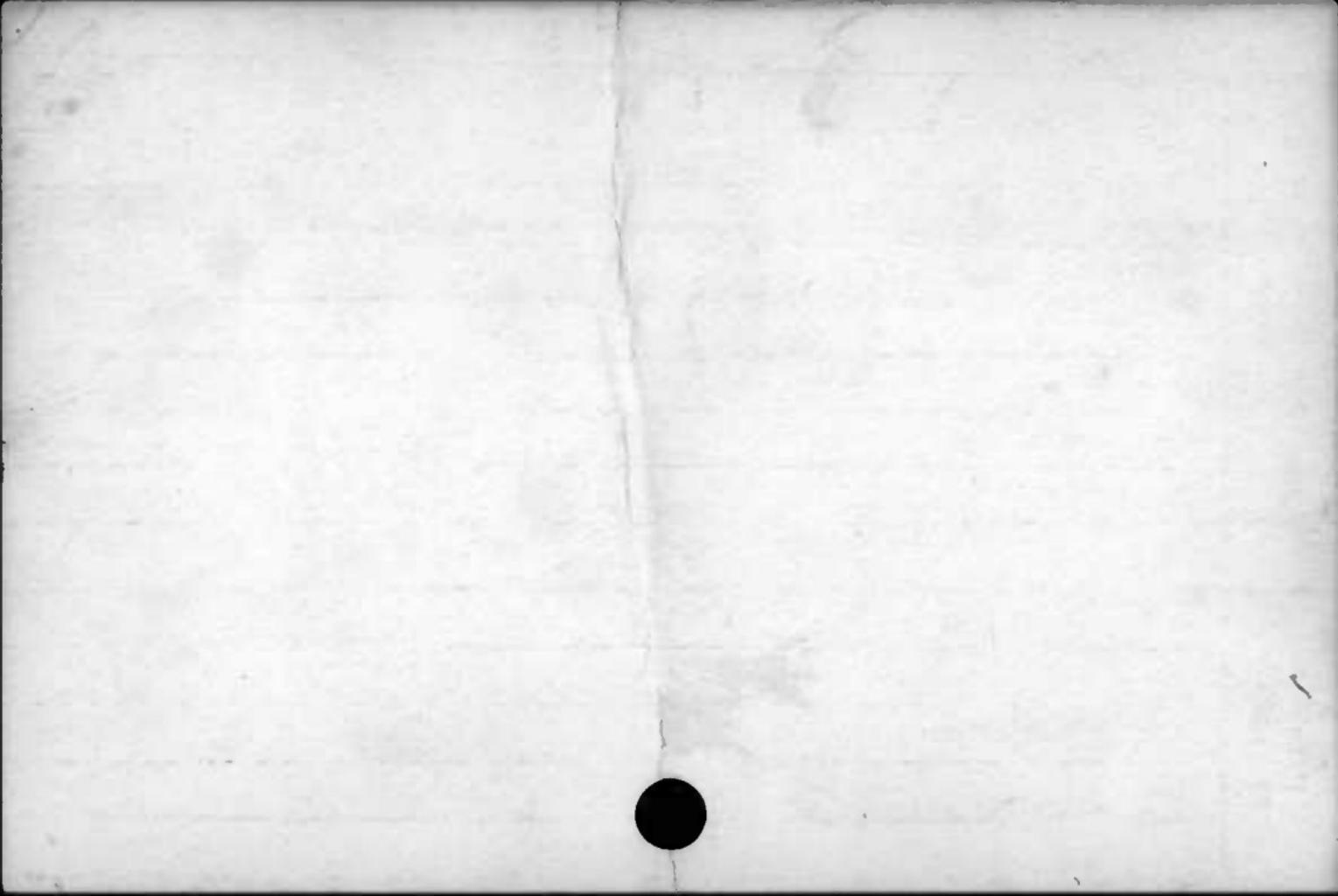
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	aa	County	MARYLAND	
Date of death 1903	Month Feb	Day 22	Years 30	Months	Days
Sex Female	Color or Race	April PM	Occupation	Birth-place A A Co -	
Married, Single or Widowed	Married Housewife				
Name of Wife or Husband	Hannah Spencer				
Father's Name	Beresich		Father's Birthplace	A A Co	
Mother's Maiden Name	Dowd Known		Mother's Birthplace		
Name of person giving information	William Spencer		How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption 21	How long	8 months
Immediate	A cold elongation	How long	2 1/2 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	7 + 1 Bayview
		Address	Lake Bluff
Accident or Suicide?			Mayland



Frank L. Stinnett

Town

Shipley

County

Anne Arundel

MARYLAND

Died at

Shipley

Month

Day

Y.

M.

D.

Native of

Date 1909

FEB 22

Age 88

Male

Married

Widow

Occupation

Female

White

Colored

Single

Widower

Divorced

Number of children living

None

Husband of

Thomas Stinnett

Wife

Mother's

Father's

Name

Maiden Name

Person

Cause of

Primary

Old age & debility

How long sick

Several months

Death

Immediate

Heart failure

Accident, Suicide, Homicide

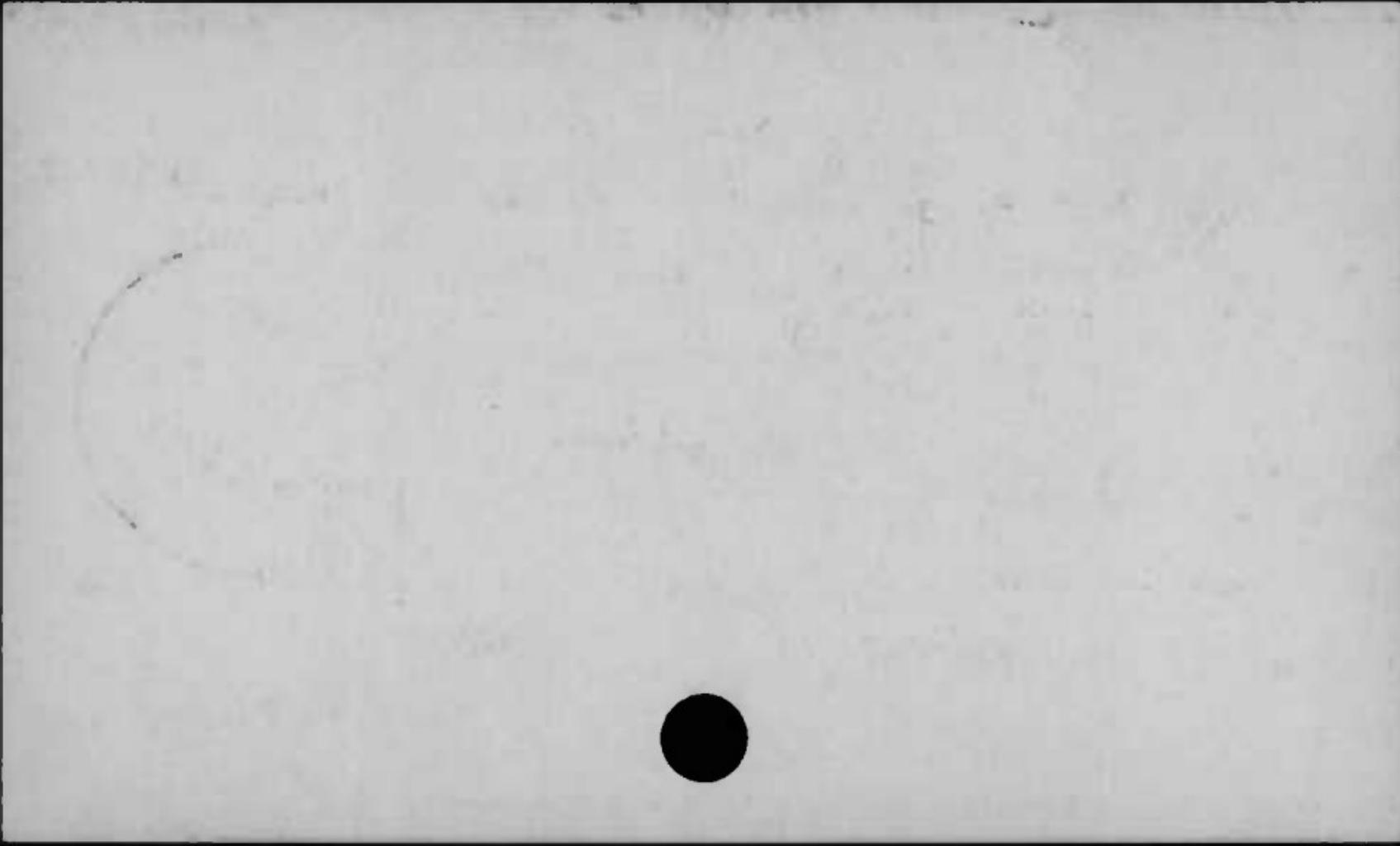
Reported by

Thomas Stinnett M.D.

Address

Olive Branch

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Susie Stewart

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	
Annapolis		Md.	
Date of death 190	Month	Day	Years
3	Feb	17 th	Age 17
Sex	Color or Race	Occupation	
Female	colored	Birth-place Annapolis	
Married, Single or Widowed			
Name of Wife or Husband			
Father's Name	Wm Stewart	Father's Birthplace	Md 60.
Mother's Maiden Name	Ella Johnson	Mother's Birthplace	Md 60.
Name of person giving Information	Ella Johnson	How related to deceased	Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Child birth

How long

Twenty four hrs

Immediate

Maura

How long

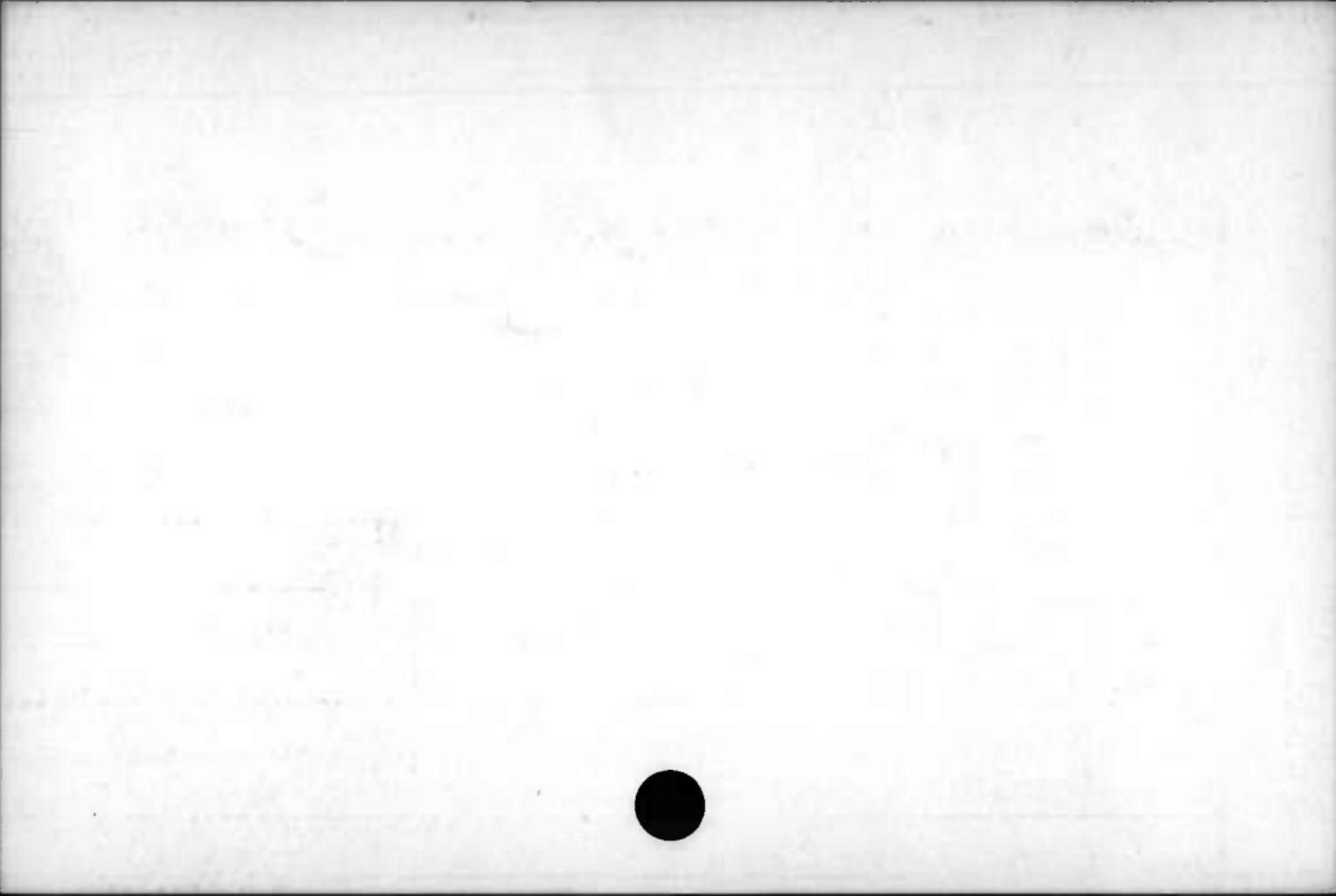
John Ridout M.D.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Miss Virginia Thornton

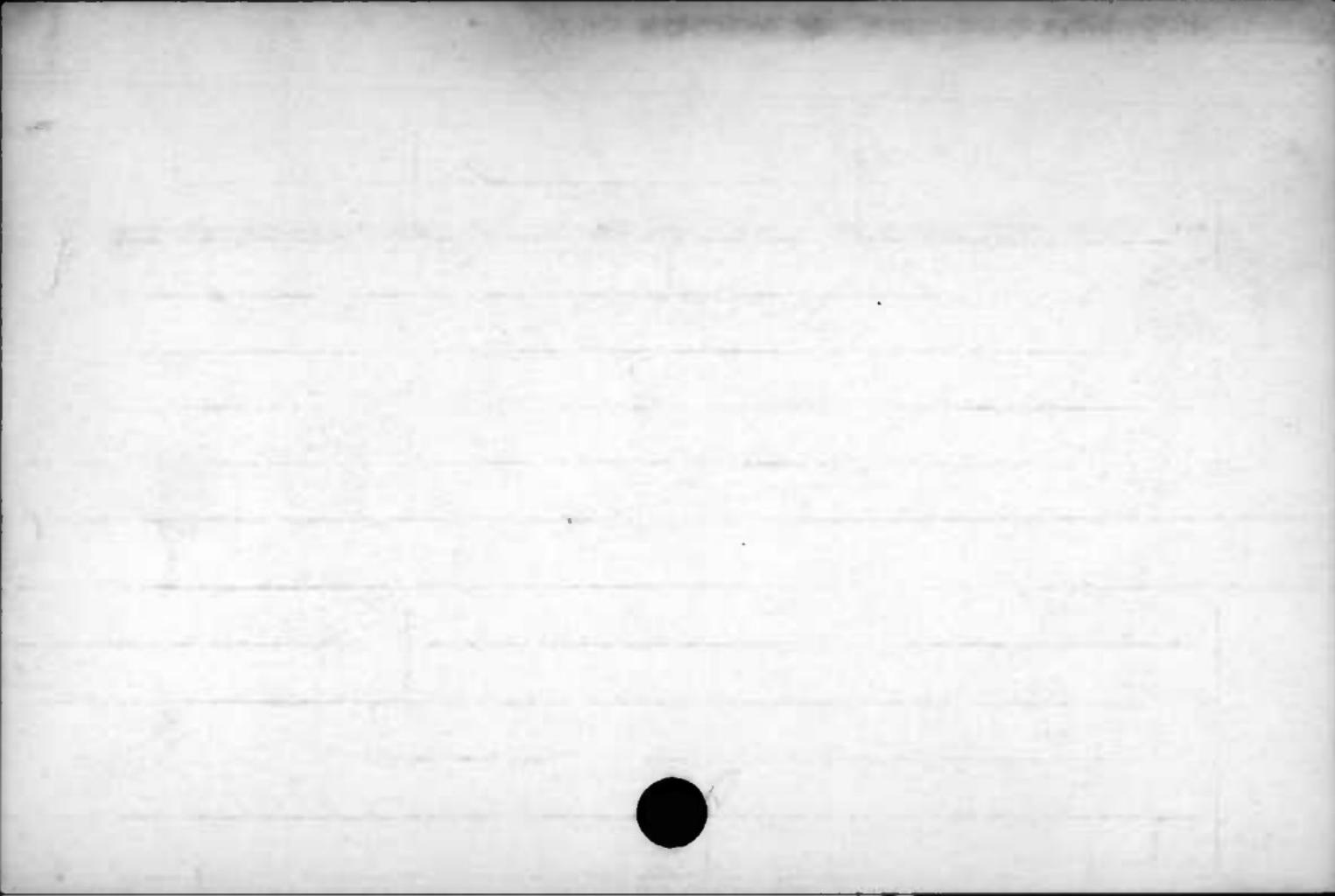
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 190	Month	Day	Years Months Days
Sex	Female	Color or Race	Age 72 Birth-place Balt. M ^d
Married, Single or Widowed	Single	Occupation	Lady of ease
Name of Wife or Husband			
Father's Name	Frances A Thornton	Father's Birthplace	M d
Mother's Maiden Name	Sarah Ann Keap	Mother's Birthplace	" "
Name of person giving information	Her Niece - Mrs. Wilson	How related to deceased	Niece

CAUSES OF DEATH

Primary	Paralysis - Hemiplegia	How long	1½ months
Immediate	Exhaustion	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	H. R. Walton
		Address	Amespolis M ^d
Accident or Suicide?			



Theodore M. Valentine

Town

County

MARYLAND

Died at

Annapolis, Anne Arundel

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

July 9

Age 0 0 3

Male

White

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

151

Wife

Father's

Name

Henry Valentine

Mother's

Maiden Name

Nancy E. Green

Cause of

Primary

Umbilical Hernia

How long sick

two days

Death

Immediate

8 hours time

Accident, Suicide, Homicide

Reported by

D. T. Campbell, M.D.

Address

Second St. Annapolis

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Wm Mosley

Town Annapolis County Md. MARYLAND

Died at

Date 1890Month 2Day 7Y. 60M. D.

Native of

Male

White

Age 60

Married

Widow

Divorced

Occupation

Laborer~~Female~~

Colored

~~Single~~

Widower

Number of children living

2Husband
of

Wife

Father's

Name

Cause of
Death

Primary

Immediate

La Grippe
*Exhaustion*Mother's
Name 10

How long sick

1 week

Accident, Suicide, Homicide

Reported by

Z.W. Linton M.D.Savage Md.Address 

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

